



VERIFICATION OF TEMPORARY DOUBLED-UP

INSTRUCTIONS: This form is to be completed only if currently doubled-up with another person. Both sections **MUST** be filled out.

SECTION 1: HOST FAMILY STATEMENT (must be filled out by the Host Family)

_____ has been temporarily staying in my home.

Applicant's Name (*Print*)

(Check **only one**):

- They must be out of my home within 2 weeks.
- They must be out of my home within 3 weeks.
- They must be out of my home by ____ / ____ / ____
- They may stay here until they find another place.

The reason they must leave is (*check all that apply*):

- I am in violation of my own rental agreement and am at-risk of being evicted if they stay.
- The initial stay was only intended to be temporary.
- The home is overcrowded. List # of bedrooms: ____ # of current occupants: ____
- Other (explain): _____

Name (*Print*):

Today's Date: / /

Signature:

Phone Number: () -

Address:

City:

State:

Zip:

Relationship to Applicant: Family Friend Acquaintance

SECTION 2: APPLICANT STATEMENT (must be filled out by the Applicant)

I, _____, have been temporarily staying at the above address.

Applicant's Name (*Print*)

I had to move into this home because (*check all that apply*):

- I was terminated from my employment.
- I had unexpected medical expenses.
- I had an increase in utility bills.
- none of the above

Applicant Signature:

Phone Number: () -

Section 3: NEMCSA USE ONLY

Housing situation verified: _____ on ____ / ____ / ____
(Signature) (Date)

1/2022

Return to:

housingintake@nemcsa.org

or Fax: 989-354-5909 or text: 989-590-0406



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