

Homeless Veterans Verification Form

“Current Date”

To Whom It May Concern,

“Organizations Name” is a 501-3C Non-Profit Organization that assists individuals experiencing homelessness. We are located on the **“your location”**. I am writing you on behalf of **“individuals Name”** who is currently experiencing homelessness. Please assist them with an Identification Card or Driver’s License. Providing identification will assist them in ending their homelessness and give them access to several services such as medical attention, housing and employment.

Thank you,

“Organizations Name”