

Shelter Operator Affidavit for Confidential Listing

I hereby affirm that I am the operator or authorized agent of _____
Shelter or Organization
and _____ resides in our shelter or facility.
Applicant Full Name

Signature of Authorized Agent		Date of Signing
Last Name (please print)	First Name	Middle Initial

Service Provider Affidavit for Confidential Listing

I hereby affirm that I am an authorized representative of _____
Service Provider
and that _____ received services from my organization within
Applicant Full Name
the 24 months prior to the signature of this statement.

Signature of Authorized Agent		Date of Signing
Last Name (please print)	First Name	Middle Initial