*~Sample~*

LETTERHEAD

Today’s Date:

Name of Service Provider:

Point of Contact Name:

Service Provider Address 1

Service Provider Address 2

Re: Applicant Name

To Cedar Community Apartments Leasing Team,

This letter certifies that {name of participant/client/consumer} was staying at the transitional housing site, {insert name of the site} operated by {insert organization name} from {month and year} through {month and year}.

Should you have any questions, please contact {insert name, phone number, and email address}.

Thank you,