

STATEMENT OF HIV VERIFICATION

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Note: This form may be filled out by a physician, certified health care worker, or HIV testing site Representative.

Applicant's Name: _____

Social Security Number: _____

I certify that _____ has
tested positive for the Human Immunodeficiency Virus.

Printed Name: _____

Signature: _____

License #: _____ (if applicable) **State Issued:** _____

Date: _____

Telephone: () _____

Fax: () _____

Address: _____

City _____ **State** _____ **Zip** _____

NOTES: