

**Self-Attestation Form for Item P8
Homeless**

On this date, I, _____ (*Name of Applicant*), certify that I am homeless, that is:

1. I lack a fixed, regular, and adequate nighttime residence; **or**
2. I have a primary nighttime residence that is:

_____ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

_____ (*Name of Shelter*)

_____ an institution that provides a temporary residence for individuals intended to be institutionalized; or

_____ (*Name of Institution*)

_____ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

_____ (*Specify Place*)

(*Signature of Applicant*)

(*Date*)