

Third-Party Attestation Form for Item P14
Total includable family income (12 month or 6 month annualized)

On this date, I attest that _____ (*Name of Applicant*)
had a “family income” (the combined income of his/her current family members, including parent,
guardian, husband, wife, and/or dependent children, if applicable) of zero for the past

six months

twelve months

He/she has supported himself or herself during this period of time as follows:

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

(*Name of Attesting Individual*)

(*Relationship of Attesting Individual to Applicant*)

(*Signature of Attesting Individual*)

(*Date*)