

**Third-Party Attestation Form for Item P8
Homeless**

On this date, I attest that _____ (Name of Applicant)
is homeless, that is

- 1. he/she lacks a fixed, regular, and adequate nighttime residence; **or**
- 2. he/she has 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)

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the fact(s) cited above is required. (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)