Homelessness here is defined according to element P8 – Homeless, which states that participant is homeless if he or she:

1. lacks a fixed, regular, and adequate nighttime residence; or
2. has a primary nighttime residence that is:
   a. 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);
   b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
   c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

On this date, I attest that the following specific conditions place ______________________________ (Name of Applicant) at risk of homelessness:

_____His or her rent/mortgage is unpaid or overdue;
_____She / he often borrows to pay rent/mortgage;
_____His / her real estate taxes are unpaid or overdue;
_____She/he is temporarily sharing space with a family or friend;
_____He/she has involuntarily moved several times in last year;
_____Her/his credit history or background disqualifies her/him from most rental/lease agreements;
_____He/she cannot pay rent/mortgage most months;
_____She /he frequently has unpaid or overdue electric/gas/water bills;
_____He/she has been evicted from a residence in the last 12 months;
_____She/he has lived in a shelter during the past 12 months

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)