# 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)