



SCSEP THIRD-PARTY ATTESTATION FORM HOMELESS

On this date, I attest that, _____ (Name of applicant/participant) is homeless, that is

1. He/she lacks a fixed, regular, and adequate nighttime residence; **and**
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/participant 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):

Printed Name of Attesting Individual

Relationship of Attesting Individual to Applicant/Participant

Signature of Attesting Individual

Date