

Affidavit of Homeless Status

Name: _____

UWF ID: _____

Semester: Fall Spring Summer

Year: _____

Please answer the following questions:

Where are you currently residing? _____

How long have you resided at this location? _____

How long may you remain at this location? _____

Do you pay rent to reside at this location? _____

Do you pay any portion of the utilities for this location? _____

Note: *If you are staying at a shelter, please attach a letter from the shelter verifying your stay. The letter must include current contact information in case additional information is required to process your application. Affidavits lacking sufficient supporting documentation will be returned and may delay administration of the application.*

By signing below I certify that:

1. I have completed this form truthfully and to the best of my knowledge.
2. I am a homeless student as defined by [Florida Board of Governors Regulation 7.008\(3\)\(g\)](#), someone who "lacks a fixed, regular, and adequate nighttime residence, excluding university housing, or whose primary nighttime residence is a public or private shelter designed to provide temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."
3. I understand that application for this waiver is semester-specific and that I must apply for the waiver each semester and if my application is approved, the waiver is valid only for the single semester approved.
4. If I am staying in a shelter, I give my permission for employees of the University to contact any such agency or shelter and for the agency or shelter to provide any and all information concerning my housing and financial status to employees of the University.
5. I understand this waiver covers tuition and associated fees only. I acknowledge I am responsible for other costs such as repeat course surcharges, excess credit hour fees, textbooks, housing, food, parking permit(s), etc.

I understand that this information is being used to determine eligibility for the applicable tuition waiver. I certify that I am a Florida resident and the information I provided is true, accurate, and complete. I also understand that any false statements or deliberate omissions on the document may be punishable under applicable law.¹

Student Signature: _____

Date: _____

¹Florida Statute 1009.40(1)(a)(3) ("[S]tudents who knowingly make false statement in order to receive state financial aid awards or tuition assistance grants commit a misdemeanor of the second degree...and shall be required to return all state financial aid awards or tuition assistance grants wrongfully obtained.").

FOR NOTARY PUBLIC USE ONLY

State of Florida
County of _____

Signature of Notary Public

Sworn to (or affirmed) and subscribed before me this

_____ day of _____, _____,

Seal of Notary Public:

by _____,

who is personally known ____ OR produced identification ____.

Type of Identification: _____