

AFFIDAVIT OF HOMELESS STATUS FOR TUITION WAIVER

Florida Statute 1009.25(1)(f)

Name of Student:	CF ID No.:		
Telephone No.:			
Term of Enrollment: Spr	ring 20 Summer 20	Fall 20	
1. Where are you currently res	iding:		
2. Are their services considere	d:	☐ Transitional Housing (TH) ☐ Permanent Supportive Housing	□ N/A ng (PSH)
3. How long have you stayed a	at this location?		
4. How long can you remain a	nt this location?		
5. Are you allowed to keep you	ur belongings at this location?	Yes No	
6. Do you pay rent or utilities?	Yes No If	yes, how much?	
letter from the shelter (this should	d be on their letterhead) verifying	on from a local county homeless org the above information and include in ion, and signature of a shelter repres	the letter, date letter
AFFIDAVIT			
In accordance with Florida Statut	e 1009.25 (1)(f), I certify that I am	a homeless student, as defined below	w:
private shelter designed to provid		ence or whose primary nighttime resi private transitional living program, ommodation for human beings."	
	an one month prior to the first day	at this Affidavit must be submitted to y of the term. The agency letter need	
Student Signature:		Date:	
Office Use Only			
☐ Approve ☐ Deny			
Current Residency Status:			
Date of Letter::	Received by:	Date:	
Director of Enrollment Services:		Date:	

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