

PHSC Homeless Affidavit and Fee Waiver Request

- Please note that this application does not guarantee applicant or student will be granted an exemption for tuition and fees.
- Processing of this waiver may take 48 hours or more. To insure time for review and a decision, please submit this request and all supporting documentation **15 business days** prior to the beginning of an academic term, or 15 business days prior to the beginning of any term that is less than 15 weeks (e.g. Term B).

Name _____ Student ID Number _____

1. Where are you currently residing? _____
2. How long have you resided at this location? (Begin date, length of stay) _____
3. How long can you remain at this location? (End date, max time allowed) _____
4. Are you allowed to keep your belongings at this location? Yes _____ No _____
5. Do you pay rent or utilities? Yes _____ No _____
6. Is this a regular structure designed for or ordinarily used for housing human beings? Yes No
(Circle one)
7. Is this a public or private shelter designed to provide temporary residence? Yes No
(Circle one)
8. When did you become a resident of the State of Florida? Date: _____

(To be considered a Florida Resident, you must have resided in the state for 12 consecutive months.)

STATEMENT: By submitting this form, I certify the following,

- I certify that I am a homeless student, as defined by Florida Statute 1009.25 (1) (f): “A student who lacks a fixed, regular, and adequate nighttime residence 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.”
- I understand that I must apply each term for the homeless exemption and that this Statement must be submitted to the PHSC Admissions and Student Records Office **15 business days**. Prior to the beginning of an academic term, or 15 business days prior to the beginning of any term that is less than 15 weeks (e.g. Term B).
- I understand that I will be required to a) be eligible for admission to and declared into a college degree or certificate program and b) that I maintain satisfactory academic progress as defined by campus academic policy and rules (e.g. cumulative g.p.a. of 2.0 or higher).

PHSC Major/Program: _____

Effective Term: _____

- Please attach a letter from the shelter (on their letterhead) verifying the above information. Agency verification shall include dates of stay (begin, end, length of stay allowed), contact information, agency identification number or affiliation (United Way, non-profit EID, government agency affiliate) and the signature of a shelter representative.
- Under penalties of perjury, I declare that the above statements are true and correct. I understand that a false statement will subject me to penalties and is grounds for denial of use of the fee exemption and/or grounds for dismissal and invalidation of college credit or degree based on such credit.

Student Signature _____ Date _____

Contact Information: Phone _____ E-mail _____
Current address and
Zip code: _____

Acknowledged:

State of Florida, County of _____ The Foregoing instrument was acknowledged before me this ____ day of _____, _____ (month/year), by _____ (person acknowledged, who is personally known to me, or who has produced _____ as identification.

Notary name (print): _____ Commission Expires: _____

Notary Signature: _____ Title or Rank _____

Below for school/internal use only:

For Admissions and Student Records

Received by _____ Campus _____ Date _____

Application fee waived: () Yes () No

Tuition and fees waived: () Yes () No (Effective) TERM: _____

by: _____ on Date _____
(Admissions Representative)

For Financial Aid Office Only

Received by _____ Campus _____ Date _____

Tuition fee waiver processed by: _____ on Date _____
(Financial Aid Representative)

NOTES: