



# AFFIDAVIT OF HOMELESS STATUS FOR TUITION EXEMPTION

(FLORIDA STATUTE 1009.25(1)(f))

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Term: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please answer the following questions:**

1. How long have you been homeless? \_\_\_\_\_
2. Where are you currently residing? \_\_\_\_\_
3. How long have you resided at this location? \_\_\_\_\_
4. How long can you remain at this location? \_\_\_\_\_
5. Are you allowed to keep your belongings at this location?  Yes  No
6. Do you pay rent or utilities at this location?  Yes  No
7. Do you have a rental agreement?  Yes  No
8. Are you a Florida resident?  Yes  No If so, how long? \_\_\_\_\_

**Affidavit: By submitting this form, 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 exemption, and that this affidavit must be submitted to the Bursar Office prior to the first day of class with supporting documentation.
- I **have** provided supporting documentation from a group or agency.\*  
*\*It is essential that you provide original documentation on letterhead for proof of homelessness as defined by FL Statute 1009.25(1)(f), i.e., letter from a publicly or privately operated homeless shelter. The letter must include contact information and the date in which services began.*
- I understand that if I am denied the Homeless Fee Exemption, I will be responsible for any balance due on my student account.

**Note that completion of this affidavit does not guarantee an exemption for tuition and fees.**

**SIGNATURE**

*I, the undersigned, declare that I have read the foregoing document and that the facts stated in it are true and correct. I meet the above listed definition of homelessness and request a fee exemption for the term listed above. I further understand that a false statement will subject me to penalties pursuant to §837.06, Florida Statutes; and is grounds for denial of use of the fee exemption or, upon further discovery, grounds for dismissal and invalidation of college credit or degree based on such credit.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HCC USE ONLY**

Received By: \_\_\_\_\_ Campus:  BR  DM  PC  SS  YB Date: \_\_\_\_\_

Verified with Shelter Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied Finance Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_