

Homeless/Unsheltered Waiver Application

Name: _____ UWF ID: _____
Mailing Address: _____ Date of Birth: _____
_____ Phone Number: _____
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? _____

Please provide supporting documentation, such as:

- McKinney-Vento Homeless letter
- Documentation from a federal or state agency
- Letter from a homeless shelter or case manager

By signing below, I certify that:

- 1) I have completed this application truthfully and to the best of my knowledge.
- 2) I qualify as a homeless student under the definition outlined in Florida Statute 1009.25(1)(e).
- 3) I understand that this waiver application is semester-specific. A new application must be submitted each semester. If approved, the waiver is valid only for the designated semester unless I qualify under McKinney-Vento provisions.
- 4) If I am staying in a shelter, I authorize university staff to contact the shelter or agency and give permission for them to release information regarding my housing and financial situation to university personnel.
- 5) I understand this waiver covers tuition and associated fees only. I am responsible for all other costs, including but not limited to: excess credit hour fees, repeat course surcharges, textbooks, housing, meals, parking permits, etc.

I certify that the information I have provided is true, accurate, and complete. I understand that any false statements or intentional omissions on this 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.”).

CONTROLLER’S OFFICE USE ONLY

Verification of Eligibility:

<input type="checkbox"/> Homeless/Unsheltered Waiver Application	Comments: _____
<input type="checkbox"/> Letter from State/Federal Agency	_____
_____	_____
<input type="checkbox"/> Approved	Reviewed by: _____
<input type="checkbox"/> Denied	Date: _____