

Homeless Waiver Application

| Name: | | EMPLID: | |
|--------|-------|---------|--|
| Email: | | Phone: | |
| Term: | Year: | | |

Introduction

This waiver is available to a student who lacks a fixed, regular, and adequate nighttime residence, excluding university housing, or whose primary nighttime residence is a public or private 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 (F.S. 1009.25(1)(f), BOG Reg. 7.008(3)(i), FSU Policy 5-2). This waiver covers all tuition and fees, including lab, material and supply fees, and auxiliary fees. Supporting documentation is required to receive this waiver.

Instructions

Eligible students must submit the following as an email attachment to CaseManagement@fsu.edu:

This completed Homeless Waiver Application

Supporting documentation (e.g. documentation from a federal/state agency, the McKinney-Vento Homeless Act Letter, a letter from a homeless shelter or case manager, etc)

The Homeless Waiver Committee, comprised of representatives from the Dean of Students, Student Business Services, the Office of Financial Aid, and the Center for Academic Retention and Enhancement, meets on the fifth day of each semester to review applications. The committee will continue to review applications throughout the semester.

Eligibility Questions

| Where are you currently residing? | | | | |
|-----------------------------------------------------|--------------|------------------|--------|----------------------------------|
| How long have you resided at this location? | | | | |
| How long can you remain at this location? | | | | |
| Are you allowed to keep belongings at this location | ? 🗌 Yes 🗌 No | Do you pay rent? | Yes No | Do you pay utilities? 🗌 Yes 🗌 No |

By signing below, I certify that:

1. I have completed this form truthfully and to the best of my knowledge.

2. I meet the definition of a homeless student as provided by the Florida Statute 1009.25(1)(f).

3. I understand that application for this fee exemption is semester-specific. I must apply for the fee exemption each semester and if my application is approved, any fee exemption is valid only for the single semester approved.

4. If I am staying in a shelter, I give my permission for any such agency or shelter to provide any and all information concerning my housing and financial status to Florida State University.

| Student Signature: | Date: | |
|--------------------|-------|--|
| | | |

For Homeless Waiver Committee Use Only

| Homeless Waiver Application | Approved |
|-----------------------------|----------|
| Supporting documentation | Denied |