



# HOUSING STATUS FORM

|                       |                |
|-----------------------|----------------|
| Name: _____           | UCF ID: _____  |
| Address: _____        | Date: _____    |
| City/State/Zip: _____ | Phone #: _____ |
| E-mail Address: _____ |                |

Please confirm your Housing Status for the academic year of 2019 -2020. This information is used to determine your Student Budget.

Without your response, we will assume your housing status is “with parent,” which is the lowest student budget possible.

- Select your Housing Status for the 2019-2020 academic year:
- I live with my parent(s)
  - I live in housing other than with my parent(s)

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*