



PROSPERITY DENVER FUND

Residency Affidavit

The purpose of this document is to confirm that the below-named student meets the Denver residency requirement for their scholarship or training organization to receive reimbursement funding from Prosperity Denver Fund.

Student First and Last Name:

Date of Birth:

If under the age of 26, a student **must** have 1) graduated from a high school in Denver **or** 2) lived in Denver for six months prior to completing your organization's scholarship/training application. If between 26 and 30 years of age, a student **must** have lived in Denver for six months prior to completing your organization's scholarship/training application.

All students under 30 qualify for residency if they lived in Denver for six months prior to completing your organization's scholarship/training application. Additionally, students 25 and under can qualify for residency if they graduated from a Denver high school.

If a student is unhoused or their safety may be compromised by sharing residency data, the Supported Organization may complete this affidavit attesting to the student's residency status. Please see the Supported Organization Attestation section on page 3 of this document.

All information provided will be kept **confidential** and used solely to determine eligibility for Prosperity Denver Fund reimbursements.

Student Attestation

1. ***For students under 26 years of age only:*** I confirm that I graduated from the following high school in Denver.

High School Name:

High School Address:

Graduation Date:

2. **For all eligible ages:** *(Not needed if under age 26 and #1 above is completed.)* I confirm that I resided in

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the City and County of Denver for at least six (6) months prior to beginning postsecondary education and/or completing this form. Below is the address where I resided for the required six months:

Address 1

Street Address 1:

City: State: Zip Code:

Address 2 (use if necessary)

From Date (MM/YYYY): To Date (MM/YYYY):

Street Address 2:

City: State: Zip Code:

By signing below, I authorize my scholarship or training organization to release the information specified in this document to Prosperity Denver Fund. I confirm that the information provided above is accurate to the best of my knowledge.

Signature of Student:

Signature Date:

Supported Organization Attestation

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1. **Student Residency Attestation:** I confirm that the student resided in the City and County of Denver for at least six (6) months prior to beginning postsecondary education, but they are either unhoused or disclosing their address may compromise their safety.

Please check the box that corresponds to the student's residency status:

☐ Unhoused

☐ Sharing student's residency information would compromise their safety

Address of Postsecondary Institution or Supported organization (this information is used in place of a student's address.)

Name:

Street Address:

City: State: Zip Code:

I affirm that the information provided above accurately reflects the housing situation of the student named on this form.

Signature of Supported Organization:

Signature Date:
