



# PETITION FOR RECLASSIFICATION TO FLORIDA RESIDENCY FOR TUITION PURPOSES

CFCC ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle or Former

Address: Street & Number City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth date Semester of residency request:  Fall  Spring  Summer Year \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Have you previously applied for a change in residency?  Yes  No If yes, what semester \_\_\_\_\_

**INSTRUCTIONS:** Please read the following information carefully. If you believe you qualify for Florida residency for tuition purposes, complete this form, attach all requested copies of documentation and submit to the Office of Admissions and Records. A minimum of one of the documents supporting the establishment of legal residence must be dated, issued, or filed 12 months immediately prior to the first day of classes of the semester for which a Florida resident classification is sought. All documentation is subject to verification. No single piece of documentation shall be conclusive.

A Florida "resident for tuition purposes" is an independent person who has, or a dependent person whose spouse, parent or legal guardian has, established and maintained legal residency in Florida for at least twelve complete months immediately prior to the start of classes for the semester. To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or meet exceptions outlined in F.S. 1009.21 or Florida Administrative Code 6A-10.044. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

## DEFINITIONS

**DEPENDENT:** any person under the age of 24.

**INDEPENDENT:** any person over the age of 24, or any person under the age of 24 who is married, or has a dependent child, or is military personnel or who meets exemption categories authorized in F.S. 1009.21 or Florida Administrative Code 6A-10.044. (A copy of the most recent tax return or other documentation may be requested to establish dependence/independence.)

**EXCEPTIONS:** The law allows some applicants who do not meet the 12-month requirement to be classified as Florida residents. These exceptional categories are listed in the **STATUS** section below. Please check any exception applicable in your case, **attach copies of all required documentation** and be prepared to provide originals for the review of the residency committee if requested.

## FLORIDA RESIDENCY ASSESSMENT AND AFFIDAVIT

To be considered for classification as a Florida resident for tuition purposes only, please provide the requested information. After completing this form, please return it to the Office of Admissions and Records along with the requested documents.

### I. STATUS: Check the one status that describes your situation.

- I, my parent/legal guardian, or my spouse has lived in Florida for the past 12 months.
- I, my parent/legal guardian, or my spouse is active duty military personnel stationed in Florida.
- I, my parent/legal guardian, or my spouse is active duty military personnel whose home of record is Florida.
- I am a full-time instructional or administrative employee (or dependent of same) employed by a Florida public school, community college or institution of higher education.
- I am married.
- I have a child and claim that child as a dependent on my tax return

### II. DEPENDENCY: Check one only.

- I can be claimed as a dependent for federal income tax purpose by my parent and/or legal guardian. He/she has resided in Florida for the past 12 months. I am providing documentation of his/her residency status, and he/she has filled out the Florida Residency Affidavit (**Part IV**). I am providing documentation as proof of my dependent status. (**Parent/guardian: Proceed to Part III DOCUMENTATION.**)
- My adult relative, with whom I have been living for at least the past five (5) years, and who claims me as a dependent on his/her federal income tax, is a Florida resident, and has been for at least the past twelve (12) months. I have included copies of his/her federal income tax forms for the past five (5) years, or other documentation as proof of my dependent status. (**Proceed to Part III DOCUMENTATION for two additional items.**)
- I am married to a person who has maintained legal residency in Florida for at least twelve months (copy of marriage certificate required). (**Spouse, who qualified, proceed to Part III, DOCUMENTATION.**)
- I am an independent individual. No one claims me as a dependent. I have filled out the Florida Residency Affidavit below. (**Proceed to Part II, DOCUMENTATION.**)

**III. DOCUMENTATION:** Please answer each question below by checking YES or NO. **For each YES answer, please attach a copy of the specified documentation. Two or more items are required for reclassification.** One item must have an issue date twelve months immediately prior to the first day of class of the major semester in which the residency-for-tuition classification is sought.

**Two or more items are required for re-classification.**

	YES	NO	DATE
1) Do you have a Florida driver's license? <b><u>This is required as one of the 2(two) needed items.</u></b> (Attach a copy.)	___	___	_____
2) Are you registered to vote in Florida? (Attach copy of Florida voter's registration card.)	___	___	_____
3) Do you own a motor vehicle registered in Florida? (Attach copy of Florida vehicle registration.)	___	___	_____
4) Do you own a home in Florida? (Attach copy of mortgage, deed or homestead exemption.)	___	___	_____
5) Do you hold a Florida professional/occupational license? (Attach copy of Florida license/certificate.)	___	___	_____
6) Have you been employed in Florida for the last twelve months? (Attach official letter from employer.)	___	___	_____
7) Have you been renting or leasing in Florida? (Attach a certified copy of lease agreement/contract.)	___	___	_____
8) Are you a member of any organization in Florida? (Attach copy of membership card/certificate.)	___	___	_____
9) Are you a part of the Florida Pre-Paid Post-Secondary Expense Program, F.S.240.551? (Attach a copy of card and photo ID.)	___	___	_____
10) Have you resided outside Florida when not enrolled? If yes, please attach explanation.	___	___	_____
11) Have you filed a Declaration of Domicile in Florida? (Attach a copy of Declaration of Domicile.)	___	___	_____
12) Have you been receiving Florida unemployment or state aid? (Attach copy.)	___	___	_____
13) Are there any other documents that you believe will support your case? If so, attach copies and list them here:	___	___	_____

*Note: Persons having an out-of-state driver's license, vehicle registration, voter's registration or employment are not considered permanent residents of the state of Florida. A "Florida Only" driver's license is not accepted for residency reclassification purposes.*

**IV. FLORIDA RESIDENCY AFFIDAVIT: (Please Print)**

**NOTE: The Dependent Student DOES NOT Complete This Section.**

State of Florida, County of \_\_\_\_\_.

I, \_\_\_\_\_ being first duly sworn, do hereby swear or affirm that I have been a Florida resident for tuition purposes and domiciliary for the preceding 12 months, or that I qualify under the exception provision provided in these documents. Florida is my true, fixed, permanent home and place of habitation. Florida is the state where I live, remain and to which I expect to return when I leave. As evidence of my intention to make Florida my permanent home, I have supplied certain documents that show that I began establishing my residence and domicile at least twelve (12) months ago.

Print name of claimant: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes. 837.06. False official statements. --Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable pursuant to F.S.775.082.

Signature of claimant in ink: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Services Center use only:**

\_\_\_ Is the appropriate documentation for the request attached? ES Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of Admissions and Records Use Only:**

Approved  Denied Registrar's Signature: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date processed on: \_\_\_\_\_