

# RESIDENCY AFFIDAVIT

## Florida Residents

This section must be completed in full if you claim Florida residency for tuition purposes.

ATTACH COPIES OF ANY DOCUMENTATION REQUIRED. (No single piece of documentation shall be conclusive.)

\*A notarized copy of your and/or your parent's most recent tax return or other documentation may be requested to establish dependence/independence. Dependent: a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service. Independent: a person who provides more than 50% of his/her support.

\*A copy of a marriage certificate is required in all cases of spouse claiming partner's residency.

- I am an independent person and have maintained legal residence in Florida for at least 12 months.
- I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months. (Required: copy of most recent tax return on which you were claimed as a dependent or copy of birth certificate.)
- I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least 12 months. (Required: copy of tax returns on which you were claimed as a dependent or other proof of dependency.)
- I am married to a person who has maintained legal residence in Florida for at least 12 months. I have established legal residency and intend to make Florida my permanent home. (Required: copy of marriage certificate, proof of physical presence, driver's license and student's driver's license.)
- I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now establishing Florida legal residency.
- According to the United States Immigration and Naturalization Service, I am a permanent resident alien or other legal alien granted indefinite stay and have maintained domicile in Florida for at least 12 months. (Required: INS documentation and proof of residency status.)
- I am a member of the armed forces of the United States and I am stationed in the state of Florida on active military duty pursuant to military orders, or whose home of record is Florida, or I am a member's spouse or dependent child. (Required: copy of military orders (or DD2058) showing home of record.)
- I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education, or I am the employee's spouse or dependent child. (Required: copy of employment verification required.)
- I am part of the Latin American/Caribbean scholarship program. (Required: copy of scholarship papers.)
- I am a qualified beneficiary under the Florida Pre-paid Post-secondary Expense Program, S.240.551, F.S. (Required: copy of card.)
- I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child. (Required: copy of marriage certificate or proof of dependency.)
- I am a full time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
- I am a full-time student participating in a linkage institute, S.240.137, F.S.

### Person claiming residency should complete this section in full.

Documents supporting the establishment of legal residency must be dated, issued, or filed 12 months immediately prior to the first day of classes of the semester for which a Florida residency classification is sought. All documentation is subject to verification. Additional documentation other than what is required above may be requested in some cases. No single piece of documentation shall be conclusive.

#### Please Print:

1. Name of student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Student's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Name of person claiming Florida residency: \_\_\_\_\_
5. Claimant's relationship to student: \_\_\_\_\_
6. Claimant's permanent Florida residence: \_\_\_\_\_

- |   |              |                       |                                    |
|---|--------------|-----------------------|------------------------------------|
| Street/PO Box   | Apt. #       | City                  | Zip                                |
| 7. Claimant's telephone number: _____   |              |                       |                                    |
| 8. Date claimant began establishing legal Florida residency and domicile: ____/____/____                                |              | County _____          |                                    |
| 9. Claimant's voter registration: State _____   | Number _____ | County _____          | Original Issue Date ____/____/____ |
| 10. Claimant's driver's license: State _____  | Number _____ |                       | Original Issue Date ____/____/____ |
| 11. Claimant's Vehicle Registration: State _____  |              | License Tag No. _____ | Issue Date ____/____/____          |
| 12. Non-U.S. citizen only: Resident Alien Number: _____ (copy of both sides of card required) Issue Date ____/____/____ |              |                       |                                    |

I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, F.S., and to BOR Rule 6C-6.001(6), F.A.C.

Signature (of person claiming Florida residency as listed in #4 above)

Date

### Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the semester for which this application is submitted and that if I should qualify for some future semester, it will be necessary for me to file the required documentation prior to the beginning of the semester in order to be considered for Florida residency classification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I resided in (State/Country) \_\_\_\_\_ Date moved to Florida: \_\_\_\_\_