

FLORIDA STATE RESIDENCY CONDITIONS

The Florida Legislature has established student aid programs for Florida residents who attend institutions in the state of Florida. For the purpose of determining eligibility for state financial assistance and tuition subsidy programs, a Florida “resident for tuition purposes” is a person who has, or a dependent whose parent or legal guardian has, established and maintained legal residence in Florida for at least 12 months. Residence in Florida must be for the purpose of establishing a permanent home rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. Students who are less than 24 years of age or who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

SECTION 1: SUPPORTING STATEMENT OF APPLICANT ELIGIBILITY AND STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS. Please check the appropriate statement(s) and sign on back.

I, _____, certify that:

(Student Name)

- | | |
|---|--|
| <input type="checkbox"/> I understand and meet the residency requirements. | <input type="checkbox"/> I am registered with the Selective Service |
| <input type="checkbox"/> I am not in default on any educational loan and do not owe a repayment on a state or federal grant or scholarship. | OR |
| <input type="checkbox"/> I have not previously earned a bachelor’s degree. | <input type="checkbox"/> I am not required to be registered with the Selective Service because: |
| | <input type="checkbox"/> I am female |
| | <input type="checkbox"/> I am in the armed services on active duty. (Note: Does not apply to members of the Reserves and National Guard who are on active duty.) |
| | <input type="checkbox"/> I was born before 1960. |
| | <input type="checkbox"/> I am a citizen of the Federated States of Micronesia, the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau). |

SECTION 2: FLORIDA RESIDENTS FOR TUITION PURPOSES AFFIDAVIT

(Independent students must meet one of the following: born before 1/1/1988, a veteran, married, as of age 13 a ward of the court/both parents deceased, have legal dependents other than a spouse, active duty in U.S. Armed Forces/other than training. **If you are an emancipated minor or in guardianship as determined by court, or an unaccompanied youth please call the financial aid office at (352) 638-9733.** All others are considered dependent.)

Please check the appropriate statement(s) and sign:

- I am a dependent person and my parent or legal guardian (claimant) has maintained legal residence in Florida for at least 12 months. *(Attach documentation of proof of parents’ Florida residency)*
- 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 (claimant) has maintained legal residence in Florida for at least 12 months. *(Attach copies of tax returns on which you were claimed and proof of adult relative’s Florida residency)*
- I am married to a person who has maintained legal residence in Florida for at least 12 months; I have established legal residence and intend to make Florida my permanent home. *(Attach documentation of marriage and proof of spouse’s Florida residency)*
- I am an independent person and have established legal residence in Florida BEFORE enrolling in a Florida college or university. I have resided in Florida for at least 12 months for the purpose of maintaining a bonafide domicile rather than a temporary residence for enrollment in college. *(Attach documentation of independence and proof of Florida residency)*
- According to the United States Immigration and Naturalization Service, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least 12 months.
Non U.S. citizens must provide Resident Alien Number: _____ Issue Date: _____
(Attach copies of INS documentation)
- I am a member of the armed services of the United States and am stationed in Florida on active duty pursuant to military orders, or whose military home of record is Florida, or I am an armed services member’s spouse or dependent child. *(Attach copy of military orders or military document showing home of record)*
- I am a full-time instructional or administrative employee of a Florida public school, community college or institution of higher education, or I am the employee’s spouse or dependent child. *(Attach copy of employment record)*
- I am part of the Latin American/Caribbean scholarship program. *(Attach copy of scholarship papers)*

SECTION 3: PERSON CLAIMING RESIDENCY MUST COMPLETE THIS SECTION IN FULL

- Documents supporting the establishment of legal residence must be dated, issued or filed **12 months before the first day of classes** of the term for which a Florida resident classification is sought. All documentation is subject to verification.
- Additional documentation other than what is required above may be requested in some cases.

Student Name _____

Student ID Number _____ Student SSN _____

Name of Person Claiming Florida Residency _____ Relationship to Student _____

Claimant’s Permanent Legal Address _____

City _____ State _____ ZIP _____

Claimant’s Telephone Number _____

Date Claimant Began Establishing Legal Florida Residence and Domicile _____

CLAIMANT MUST PROVIDE TWO OF THE FOLLOWING DOCUMENTS AS PROOF THAT FLORIDA RESIDENCE WAS ESTABLISHED AND MAINTAINED FOR AT LEAST 12 MONTHS PRIOR TO THE FIRST DAY OF CLASSES

- Claimant’s Florida voter registration
- Claimant’s Florida driver’s license
- Claimant’s Florida vehicle registration
- Proof of Florida Homestead Exemption

I do hereby swear or affirm that the above-named student meets all requirements indicated in the checked category on page 1 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, Florida Statutes and to FBOE Rule 6C-7.005 F.A.C.

Student Signature _____ Date _____

Claimant Signature _____ Date _____
If other than student