

# Florida Resident for Tuition Purposes Affidavit (Check appropriate blocks)

*(For the purpose of assessing matriculation and tuition fees, a student shall be classified as a "resident" or "non-resident" student based upon Florida Statute 1009.21. If you do not qualify, simply sign the Non-Florida Resident section below.)*

TERM

- 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.
- 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.
- A Florida public college/university declared me a resident for tuition purposes. **Name of institution** \_\_\_\_\_
- 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. **(Copy of marriage certificate required.)**
- 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 re-establishing Florida legal residence.
- 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. **(INS documentation required.)**
- I am a member of the armed services of the United States and am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida (or I am the member's spouse or dependent child). **(Copy of military orders, DD2058, or military document showing home of record required.)**
- 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 a spouse or dependent child). **(Copy of employment verification required.)**
- I am part of the Latin American/Caribbean scholarship program. **(Copy of scholarship papers required.)**
- I am a qualified beneficiary under the terms of the Florida Pre-Paid Postsecondary Expense Program (S.240.0551, F.S.). **(Copy of card required.)**
- I am a United States citizen living on the Isthmus of Panama who has completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, or I am the student's spouse or dependent child.
- 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 job-related law enforcement or corrections training.
- I am a full-time student participating in a linkage institute.

SOCIAL SECURITY NUMBER

**Attach copies of documentation indicated above** and a copy of at least two of the items listed below (e.g., driver's license, and/or vehicle registration). Additional documentation (e.g., tax returns, deeds, etc.) may be required by the college in some cases. **All documentation is subject to verification.** Someone other than the student (e.g., parent) should complete this affidavit if the student is dependent or seeks to be classified as a Florida resident by virtue of a relationship. Otherwise, the student should complete this affidavit. **Please print.**

Name of Student \_\_\_\_\_ Social Security No. \_\_\_\_\_

The **Claimant** is the person who is claiming Florida residency, e.g., the student (if independent), parent, spouse, or legal guardian. **All of the questions below pertain to the claimant.**

Name of Claimant \_\_\_\_\_ Relationship of Claimant to Student \_\_\_\_\_

Permanent Legal Address of Claimant Street Address \_\_\_\_\_

Telephone \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date Claimant Began Establishing Legal Florida Residence and Domicile \_\_\_\_\_

Claimant's Voter Registration: \_\_\_\_\_  
State County Number Original Issue Date

Claimant's Driver's License \_\_\_\_\_  
State Number Original Issue Date

Claimant's Vehicle Registration: \_\_\_\_\_  
State License Tag Number Issue Date

Non-U.S. Citizen ONLY: \_\_\_\_\_  
Resident Alien Number Date Card Issued

**ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE INSTITUTION**

I do hereby swear or affirm 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, Florida Statutes, and that a false statement in this affidavit may subject the above-named student to the penalties for making a false or fraudulent statement.

Signature in ink of person claiming Florida residency **X** \_\_\_\_\_

## Non-Florida Residents Only

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

Signature in ink **X** \_\_\_\_\_ Date \_\_\_\_\_

NAME