Florida Residency Declaration for Tuition Purposes

A Florida “resident for tuition purposes” is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought. Residence in Florida must be as a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, a foreign national in a nonimmigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, or legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature pursuant to section 1009.21, Florida Statutes. All other persons are ineligible for classification as a Florida “resident for tuition purposes.” Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents. Residency for tuition purposes requires the establishment of legal ties to the state of Florida. Students must verify that they have broken ties to other states if the student or, in the case for dependent students, his or her parent has moved from another state.

PLEASE TYPE OR PRINT if submitting hard copy.

Name of Student: ____________________________

FAMILY ID: ____________________________

Student is a: [ ] U.S. Citizen [ ] Non-U.S. Citizen [ ] Permanent Resident [ ] Other

Date of Birth: ____________________________

Alien Registration Number: ____________________________

Issue Date: ____________________________

Date of Birth: ____________________________

TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:

I qualify as a resident for tuition purposes, as defined by s. 1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as “classification” of my status. Submission of this required document must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form except for the signing below.

Student Name: ____________________________

FAMILY ID: ____________________________

Signature of Student: (Electronic or ink): ____________________________

Date: ____________________________

TERM OF APPLICATION: (check one): [ ] FALL [ ] SPRING [ ] SUMMER

YEAR: 20 ________

QUALIFICATION BY EXCEPTION (to be completed by the student)

As provided in s. 1009.21, Florida Statutes, I qualify for residency based on the following permitted exception (documentation required):

[ ] A. I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s. 1009.98, Florida Statutes.) (Required: Copy of Florida Prepaid Recipient card.)

[ ] B. I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate and/or other documents required to establish residency.)

[ ] C. I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I am transferring to another Florida state postsecondary institution within 12 months of the previous enrollment.

[ ] D. I was previously enrolled at a Florida state postsecondary 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.

[ ] E. Active duty members of the Armed Services of the United States residing in this state and their spouses and dependent children, and active drilling members of the Florida National Guard. (Required: Copy of military orders or DD214 showing home of record.)

[ ] F. Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed, if such military establishment is within a county contiguous to Florida. (Required: Copy of military orders.)

[ ] G. United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children. (Required: Copy of marriage certificate or proof of dependency.)

[ ] H. Full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children.

If mailed separately, send to Florida A&M University, Office of Admissions, 444 Gamble Street, Lucy Moten, Suite 203, Tallahassee, Florida 32307-3200 • 850-412-6604 Fax
TO BE COMPLETED BY THE CLAIMANT/PERSOON CLAIMING FL RESIDENCY:

NOTE: If the student is a dependent, the parent is the claimant and will complete this section and provide supporting documentation. If the student is independent, the student is the claimant and will complete this section and provide supporting documentation. No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed, may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.

Claimant/Name of Person Claiming FL Residency: __________________________
Claimant’s Relationship to Student: _______________________________________
Claimant’s Address: _______________________________________________________________________________________
Telephone Number: _________________________________
Date Claimant began establishing legal FL residence: / / 
All non-U.S. citizen are required to submit documentation of their legal status in the United States as issued by the United States Citizenship and Immigration Services office.

PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY

Per s. 1009.21(3)(c), Florida Statutes, the residency determination must be documented by the submission of written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.

A. Claimant must provide at least two of the following of his/her personal documentation:

- Florida voter's registration card Number: __________________________ Issue Date: / / 
- Florida driver’s license. Number: __________________________ Original Issue Date: / / / Current Issue Date: / / / 
- State of Florida identification card. Number: __________________________ Original Issue Date: / / / Current Issue Date: / / / 
- Florida vehicle registration. Number: __________________________ Original Issue Date: / / / Current Issue Date: / / / 
- Proof of a homestead exemption in Florida. (Required: document such as a deed or other evidence of title to property used as primary residence, a homeowner’s policy, a title insurance policy, evidence of a property tax payment on the primary residence, or a lease of multiple years’ duration.)
- Proof of a homestead exemption in Florida. (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant’s primary residence.)
- Official transcripts from a Florida high school for multiple years (2 or more years), if the Florida high school diploma or GED® was earned within the last 12 months. Dates of Attendance: ___________ Graduation Date: / / / ) (Required: transcript)
- Official transcripts from a Florida high school for multiple years (2 or more years), if the Florida high school diploma or GED® was earned within the last 12 months. Dates of Attendance: ___________ Graduation Date: / / / ) (Required: transcript)
- Verification from graduate studies. (Required: certification from the graduate school stating the student's enrollment.)
- Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period. (Required: pay stubs or W-2 form for past 12 consecutive months)

B. Claimant may provide one or more documents from the following categories to demonstrate residency in Florida

(to be used in conjunction with one document from above):

- Declaration of domicile in Florida
- Florida professional or occupational license
- Florida incorporation
- Document evidencing family ties in Florida
- Proof of membership in a Florida-based charitable or professional organization
- Any other documentation that supports your request for resident status, including, but not limited to, utility bills (required: proof of 12 consecutive months of payments); a lease agreement (required: proof of 12 consecutive months of payments); or an official state, federal, or court document evidencing legal ties to Florida.

RESIDENCY DECLARATION:

I, the undersigned, hereby declare that I have read the foregoing document and that the facts stated in it are true and further affirm the authenticity of the information provided on all pages of this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my status as a Florida resident for tuition purposes.

Student Name (Please Print): ____________________________________________________________________________
Claimant Name (if not the Student): ___________________________________________________________________
Signature of Claimant (Electronic or ink): __________________________________________________________________
Date: _______________________________________________________________________________________