

Affidavit for Florida Residency

When providing information for Florida Residency, no single document shall be conclusive. A minimum of two documents are required. MTI may require additional documentation if needed.

Please complete this form and submit it to the Financial Aid Office with the requested documentation. If the student is a **dependent** for Financial Aid Purposes, he/she must have the person (*claimant*) who provides support (**Parent on the FAFSA**) **complete the affidavit and provide the required documentation.**

Attention: The student must be classified as a Florida resident for State Aid purposes (**ALL** in-house scholarships and State Grants) before the first day of the term you are planning to attend.

Documentary Evidence

First Tier (**at least one of the two documents submitted must be from this list**):

- Florida Driver's license (*if known to be held in another state previously, must have relinquished*)
- State of Florida identification card (*if evidence of no ties to another state*)
- Florida voter registration card
- Florida vehicle registration
- Proof of purchase of a permanent home in Florida that is occupied as a primary residence of the claimant
- Proof of permanent full-time employment in Florida (*one or more jobs for at least 30 hours per week for a 12-month period*)
- Transcripts from a Florida high school for multiple years (*if Florida high school diploma or GED was earned within last 12 months*)

Second Tier (*may be used in conjunction with one document from First Tier*):

- A Florida professional or occupational license
- Florida incorporation
- Documents evidencing family ties in Florida
- Proof of membership in a Florida-based charitable or professional organization
- Utility bills and proof of 12 consecutive months of payments
- Lease agreement and proof of 12 consecutive months of payments
- State or court documents evidencing legal ties to Florida
- Benefit histories from Florida agencies or public assistance programs
- Declaration of domicile in Florida (*12 months from the date the document was sworn and subscribed as noted by the Clerk of Circuit Court*)

Unacceptable documents: Hunting/fishing licenses, library cards, shopping club/rental cards, birth certificate, passport



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A. Please check dependency status.

I am:

- an INDEPENDENT person and have maintained legal residence in Florida for at least 12 months.
- a DEPENDENT person and my parent or court appointed legal guardian has maintained legal residence in Florida for at least 12 months.
- a DEPENDENT person who has resided, for five years minimum, in Florida. *(Additional documentation is required to show proof of five years of residency.)*

B. Select exception below if you are unable to select one of the above.

- 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. *(A copy of marriage certificate is required. USCIS documentation required for permanent resident aliens.)*
- 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 I am now re-establishing Florida legal residence. *(A copy of college transcript with residency on status must be submitted.)*
- According to the United States Citizenship and Immigration Services (USCIS), I am a Permanent Resident Alien or other legal alien granted indefinite stay and have maintained a domicile in Florida for at least 12 months. *(USCIS documentation and proof of Florida residency status required.)*
- A member of the United States armed services stationed in Florida on active military duty or whose home of record is Florida, or I am the member's spouse or dependent child. *(Provide a copy of military orders showing home of record as Florida.)*
- A full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education. *(Provide a copy of employment verification.)*
- Part of the Latin American/Caribbean scholarship program. *(Provide a copy of scholarship.)*
- Qualified beneficiary under the terms of the Florida Pre-Paid Post-secondary Expense Program (S.240.551.F.S)*(Provide a copy of signed card.)*
- Living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch. *(Provide college transcripts.)*
- 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. *(Provide a copy of Employment verification.)*
- A full-time student participating in an international linkage institute. *(Provide verification.)*

C. This portion must be filled out by claimant.

Name of Student: _____ SS# _____ - _____ - _____

Telephone Number: (_____) _____ - _____ Email: _____

Name of Claimant: _____ Relationship to Student: _____

Telephone Number: (_____) _____ - _____ Email: _____

Permanent Legal Address of Claimant: _____

Date claimant began establishing legal Florida residence and domicile: _____

Claimant must provide two documents that demonstrate an original issue date of 12 months or older. If you have renewed any of the following within the last 12 months, please indicate the original issue date. Please attach other documentation if needed.

FL Driver's License Number: _____ County: _____ Date issued: _____

FL Voter's Registration Number: _____ County: _____ Date issued: _____

FL Vehicle Registration Number: _____ County: _____ Date issued: _____

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category for classification as a Florida resident for tuition purposes. I understand that a false statement will subject me to the penalties for making a false statement pursuant to 837.06, Florida Statutes, and that a false statement may subject the above named student to the penalties for making a false or fraudulent statement.

Signature of person claiming Florida residency: _____ Date: _____