

FLORIDA RESIDENCY AFFIDAVIT

Florida Residency Conditions

The Florida Legislature has established student aid programs for Florida residents who attend institutions in the state of Florida. These may include the Florida Bright Futures Scholarships, the Florida Resident Access Grant, the Florida Student Assistance Grant and others. The student or the person claiming residency (claimant) must be a Florida resident for 12 consecutive months prior to the first day of classes of the term for which Florida student aid is requested. Residency in Florida must be for the purpose of establishing a permanent home. 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.

Various Florida grants or scholarships for which you may be eligible:

Florida Student Assistance Grant (FSAG): Need-based grant available to degree-seeking, resident, undergraduate students who demonstrate substantial financial need as determined by the FAFSA. **This Program requires submission of the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov**

Florida Resident Access Grant (FRAG): Tuition assistance to full-time students who meet Florida state residency requirements. Funds for the support of the FRAG are contingent each year upon the appropriations made available by the Florida Legislature.

Florida Bright Futures Scholarship: Comprised of the Florida Academic Scholars, Florida Medallion Scholars and Florida Gold Seal Vocational Scholars awards. Visit www.floridastudentfinancialaid.org/SSFAD/factsheets/BF.htm for more information.

INDEPENDENT STUDENTS: You must submit two documents (At least one must be from the First Tier).

DEPENDENT STUDENTS: Parent/legal guardian must submit two documents (At least one must be from the First Tier).

Please mark both submitted documents with an **X**.

First Tier	Second Tier
<i>Documents must have an issue date at least 12 months prior to the first day of classes of the term for which student is requesting state financial aid.</i>	<i>Documents must have an issue date at least 12 months prior to the first day of classes of the term for which student is requesting state financial aid.</i>
<input type="checkbox"/> Florida Driver's License <u>or</u> State of Florida Identification Card <input type="checkbox"/> Florida Voter Registration Card <input type="checkbox"/> Proof of permanent full-time employment in Florida for at least 30 hours per week for 12 consecutive months <input type="checkbox"/> Proof Florida of Homestead Exemption or proof of purchase of a permanent home in Florida that is occupied as the primary residence of the claimant <input type="checkbox"/> History of benefits from Florida agencies or public assistance programs <input type="checkbox"/> Florida Vehicle Registration card	<input type="checkbox"/> Florida professional <u>or</u> occupational license indicating issue date <input type="checkbox"/> Florida incorporation documents <input type="checkbox"/> State or court documents evidencing legal ties to Florida <input type="checkbox"/> Declaration of Domicile in Florida <input type="checkbox"/> Utility bills and proof of 12 consecutive months of payments <input type="checkbox"/> Lease agreement and proof of 12 consecutive months of payments <input type="checkbox"/> FAFSA (Free Application for Federal Student Aid) already submitted to Barry University

NOTE: After completing this form, please print it. Information typed will not be saved.

STEP 1 - Student General Information

First Name	Middle Initial	Last Name	Student ID#
Permanent Street Address			Apt. #
City	State	Zip Code	
Contact Telephone #		E-mail Address	
High School Name	City	State	High School Graduation MM/YYYY

STEP 2 - Initial Eligibility Requirements to Receive Funding

I certify as true all of the following statements I have marked with an X in each section below:

Citizenship or Non-Citizen Status	Default/Repayment/Degree Status (Review and mark Box 1-3, if applicable)	Selective Service Status
<input type="checkbox"/> I am a U. S. citizen.	1 <input type="checkbox"/> I am not in default on any education loan.	<input type="checkbox"/> I am registered with Selective Service.
<input type="checkbox"/> I am an eligible non-citizen.	2 <input type="checkbox"/> I do not owe a repayment on any state or federal grant.	OR I am not <u>required</u> to be registered with Selective Service <u>because</u> :
	3 <input type="checkbox"/> I have not earned a bachelor's degree.	<input type="checkbox"/> I am female.
		<input type="checkbox"/> I am in the armed services on active duty.
		<input type="checkbox"/> Other: _____

STEP 3 - Residency Claimant Information

- If you are **INDEPENDENT** for financial aid purposes **you** are **both** the student and the residency claimant. Please complete Step 1 and sign/date below.
- If you are **DEPENDENT** for financial aid purposes **your parent or legal guardian** is the residency claimant. Please have them complete Step 4 of the form. You must sign/date as the student, and your parent/legal guardian also must sign/date.

STEP 4 - Parent/Legal Guardian General Information

Name (First, Middle Initial, Last)		Relationship of Residency Claimant to Student (e.g., self, parent, guardian)	
Permanent Street Address			Apt. #
City	State	Zip Code	
Contact Telephone #		E-mail Address	

I do hereby swear or affirm the above-named student meets all requirements for classification as a Florida resident for tuition or Florida financial aid programs. I understand 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. Intentional falsification of information shall result in the denial of any pending application and in revocation of any award currently held to the extent that no further payments shall be made.

Student Signature (Claimant)

Date

Parent /Legal Guardian Signature (Residency Claimant)

Date

FOR FINANCIAL AID OFFICE USE ONLY	Action taken: <input type="checkbox"/> APPROVED <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> DENIED
Financial Aid Administrator:	Date:

Please remember to enclose copies of the appropriate documents

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