
Student's Information

Student's Last Name

Student's First Name

Student's ID Number

Florida Residency Guideline:

Residency determination is required for an independent applicant or the parent of a dependent applicant. Applicant must be a US citizen, US national or eligible non-citizen. Applicant must also be a legal resident, for purposes other than education, for 12 consecutive months prior to the first day of classes for the semester the student is seeking state financial aid funds.

Florida Residency

Claimant: ☐ Independent Student ☐ Parent or Guardian of Dependent Student

Claimant- Name of Person Claiming Florida Residency: _____

Street: _____ City/State/Zip Code: _____

Florida State Supporting Documents for the Claimant

Florida residency statutes require **at least two documents**, dated 12 months prior to the first day of the semester in which assistance is requested. Please select documents from the lists below:

Primary Document: You are required to submit at least one document from the Primary Document list

- Florida Driver's License OR State of Florida Identification Card
- Florida Vehicle Registration
- Proof of homestead exemption in Florida
- Proof of permanent full-time employment in Florida (At least 30 hours per week for a 12-month period prior to the first day of the semester – letter from employer, physically signed and dated, on official letterhead required)

Secondary Document:

- Declaration of domicile in Florida (Must be court stamped or notarized at least 12 months prior to the first day of the semester)
- Florida Voter's Registration Card: <https://registration.elections.myflorida.com/CheckVoterStatus>
- Florida professional or occupational license (issue date must be 12 months prior to the first day of the semester)
- Other documentation that supports the applicant's request for resident status, including, but not limited to
 - 12 consecutive months of Florida utility bills with proof of payment
 - 12 consecutive months of lease agreements with proof of payment
 - Official state, federal, or court document evidencing legal ties to Florida (i.e. TANF, SNAP, medical assistance, SSI, etc.)

CERTIFICATION: Each person signing this form certifies that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Required for Dependent students)

Please upload completed form in Financial Aid Forms.