

INFORMATION FOR RESIDENCE CLASSIFICATION

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 residence in Florida for at least twelve months. Residence in Florida must be a bona fide domiciliary rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. Other persons not meeting the twelve-month legal residence requirement 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 and the State Board of Community Colleges. All other persons are ineligible for classification as a Florida "resident for tuition purposes."

To qualify as a Florida resident for tuition purposes you must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay by the Immigration and Naturalization Service. Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Residence in Florida must be for the purpose of establishing a permanent home and not merely incident to enrollment at an institution of higher education. Documents supporting the establishment of legal residence must be dated, issued, or filed **12** months before the first day of classes of the term for which a Florida resident classification is sought.

DEFINITIONS:

DEPENDENT - A person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.

INDEPENDENT - A person who provides more than 50% of his/her support.

A copy of your most recent tax return or other documentation may be requested to establish dependence/independence.

FLORIDA RESIDENT FOR TUITION PURPOSES AFFIDAVIT

(IF YOU DO NOT QUALIFY, SIMPLY SIGN THE NON-FLORIDA RESIDENT SECTION AT THE BOTTOM OF THE PAGE.)

Please check the category below under which you qualify and furnish the documentation indicated.

- 1. I am an independent person and have maintained legal residence in Florida for at least **12** months.
- 2. I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least **12** months. (Copy of guardianship papers)
- 3. 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.
- 4. A Florida public college/university declared me a resident for tuition purposes. Name of institution: _____
- 5. 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.)**
- 6. 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 I am re-establishing Florida legal residence.
- 7. 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.)**
- 8. 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.)**
- 9. I am a full-time instructional or administrative employee of a Florida public school, community college, or institution of higher learning [or I am the employee's spouse or dependent child]. **(COPY OF EMPLOYMENT VERIFICATION REQUIRED.)**
- 10. I am part of the Latin American/Caribbean scholarship program. **(COPY OF SCHOLARSHIP PAPERS REQUIRED.)**
- 11. I am a qualified beneficiary under the terms of the Florida Pre-Paid Postsecondary Expense Program (S.240.551.F.S.). **(COPY OF CARD REQUIRED.)**
- 12. I am living on the Isthmus of Panama and have completed **12** consecutive months of college work at the F.S.U. Panama Canal Branch [or I am the student's spouse or dependent child].
- 13. I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid for by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
- 14. I am a full-time student participating in a linkage institute (S.240.137.F.S.).

ATTACH COPIES OF DOCUMENTATION INDICATED ABOVE - Additional documentation (e.g., copies of voter's registration, driver's license, 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 relationship. Otherwise, the student should complete this affidavit. **PLEASE PRINT:**

1. **Name of Student:** _____ **2. Student's Social Security Number:** _____
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 pertain to the claimant.**
3. **Name of Claimant:** _____ **4. Relationship of Claimant to Student** _____
5. **Permanent Legal Address of Claimant** _____
STREET ADDRESS
6. () _____
TELEPHONE NUMBER OF CLAIMANT CITY STATE ZIP CODE
7. **Date Claimant Began Establishing Legal Residence and Domicile:** _____
8. **Claimant's Voter Registration:** State _____ County _____ Number _____ **Original** Issue Date _____
9. **Claimant's Driver's License:** State _____ Number _____ **Original** Issue Date _____
10. **Claimant's Vehicle Registration:** State _____ License Tag Number _____ Issue Date _____
11. Non U.S. Citizen Only: **Resident Alien Number:** _____ Date Card Issued _____
(COPY OF BOTH SIDES OF CARD REQUIRED)

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 category checked 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.

I understand and agree that I will be bound by the College's regulations as published in the College Catalog and Student Handbook. I certify that I have received Pasco-Hernando Community College's Drug Free Policy and understand the consequences of violation of this policy. I hereby authorize Pasco-Hernando Community College to send my transcript electronically to the institution of my choice.

SIGNATURE IN INK OF PERSON CLAIMING FLORIDA RESIDENCY

DATE

SIGNATURE IN INK OF STUDENT

DATE

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.

I am a resident of the state of _____.

SIGNATURE (IN INK): _____

DATE: _____