

Declaration Evidencing Family Ties in Florida Residency for Tuition Purposes (Tier 2 of F.S. 1009.21)

Student Name:	Student ID#:
Residency Claimant Name:	
	ourposes in accordance with Florida State Statute 1009.21 and as outlined lassification forms. I do hereby affirm that I am related to:
Relative's Name:	
Relationship to Claimant: (i.e. parent, gran	ndparent, spouse)
· · · ·	to prove our family relationship (i.e. copy of birth certificates, marriage
•	the state of Florida for at least 12 months prior to the first day of classes to be classified as a resident for tuition purposes.
resident of the State of Florida in accorda	ents from Tier 1 and/or Tier 2 as proof evidencing that my relative is a nce with Florida State Statute 1009.21 and as outlined in the Florida orms. (At least one document must come from Tier 1).
Document 1:	Document 2:

NOTE: Documents must be valid and bear the relative's name and an issue date of at least 12 months prior to the first day of class for the term for which residency is sought.

Tier 1

(Tier 1)

- Florida voter's registration card
- Florida driver license or state ID card
- Florida vehicle registration
- Proof of permanent home in Florida
- High school transcripts for multiple years or GED if earned within the previous 12 months.
- Proof of full-time employment (at least 30 hours per week) for the previous 12 months.

Tier 2

(Tier 1 or Tier 2)

- Declaration of domicile
- Florida professional or occupational license
- Florida incorporation documents
- Proof of membership in a Florida based charitable or professional organization.
- Any other documentation including but not limited to: utility bills and proof of payment for the previous 12 months, lease agreement with proof of payment for the previous 12 months or an official state, federal or court document evidencing legal ties to Florida

I, the undersigned, hereby declare that I have read this document and that the facts stated in it are true and further affirm the authenticity of the information provided. 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 claim as a Florida resident for tuition purposes.

Claimant's Signature: _____

Date: _____