

Florida Residency Affidavit

This affidavit and all supporting documents must be returned to the Admissions office prior to the first day of classes in the semester for which Florida residency is sought or residency cannot be granted for that semester.

Tuition for students who qualify as "Florida Residents" is less than tuition for non-Florida residents in many cases. The laws of Florida define residency status.

Do You Qualify for Residency?

A Florida resident for tuition purposes is a person (or if under age 24, the parent or legal guardian) who has established and maintained legal residence in Florida for at least twelve (12) months immediately preceding the first day of classes of the academic term for which the student enrolls. Residence during the 12-month qualifying period must be for the purpose of maintaining a bona fide domicile rather than maintaining a temporary residence incident to enrollment in an institution of higher education.

If any of the following statements are true, check that box and then fill out the "Florida Residency Claimant Information" below. If you do not meet any of these criteria, you are a non-Florida resident for tuition purposes and you should sign in the non-Florida resident section at the bottom of this form.

- I am an independent person and have maintained legal residence in Florida for at least 12 months. (If under age 24, you must provide one of the following: (1) copy of marriage certificate, (2) copy of birth certificate for student's legal dependent(s), or (3) proof of self supporting income along with copy of parents' most recent tax return.)
- I am a dependent person under age 24 and my parent or legal guardian has maintained legal residence in the state of Florida for at least 12 months. The Parent or Legal Guardian must complete the claimant information below.
- I am a dependent person under age 24 who has resided for five years with an adult relative other than my parent or legal guardian, and my relative and I can demonstrate legal residence in Florida for at least 12 months (Required: copy of tax returns on which you were claimed as a dependent or other proof of dependency.)
- 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 am now re-establishing Florida legal residence.
- According to the United States Immigration and Naturalization Service, I am a permanent resident alien, or other legal alien granted indefinite stay and have maintained domicile in Florida for at least 12 months. (Required: INS documentation and proof of residency status.)
- I am a member of the armed forces of the United States and I am stationed in the state of Florida on active military duty pursuant to military orders, or whose home of record is Florida, or I am a member's spouse or dependent child. (Required: copy of military orders, DD214 or DD2058 showing home of record.)
- I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education, or I am the employee's spouse or dependent child. (Required: copy of employment verification.)
- I am a qualified beneficiary under the Florida Pre-Paid Post-secondary Expense Program, S.1009.988 (2),F.S. (Required: copy of card.)
- I am 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 job-related law enforcement or corrections training.

This is a brief summary of the complex State residency requirements. Please visit an Admissions office for a detailed review.

Florida Residency Claimant Information

If you checked any of the boxes above, this section must be completed. If you are claiming to be independent, please fill this out for yourself. If you are claiming to be dependent, the person who is claiming residency should fill out this section.

Please print:

1. Name of Student: _____
2. Student's Social Security Number or College ID #: _____
3. Name of Person Claiming Florida Residency: _____
4. Claimant's Relationship to Student: _____
5. Claimant's Permanent Florida Residence: _____
6. Claimant's Telephone Number: Home: _____ Work: _____
7. Date Claimant began Establishing Legal Florida Residence and Domicile: _____

Please provide **complete** information regarding **two of the three** documents indicated in questions 8-10. This information is needed to determine proof of residency. Documents must be current (not expired) and the dates must evidence at least the **12 months immediately preceding** the first day of classes for which the student seeks to be classified as a Florida resident for tuition purposes. Dates must include the month, day, and year. Originals or legible copies of these documents must be presented to the Admissions office along with this affidavit.

8. Claimant's Voter Registration: State _____ Number _____ Issue Date _____
9. Claimant's Driver's License: State _____ Number _____ Issue Date _____
10. Claimant's Vehicle Registration: State _____ Tag: _____ Plate Issue Date: _____
(tag and decal number / dates) Decal Number: _____ Registration Issue Date: _____

I do hereby swear or affirm that the above named student meets all the requirements indicated in the checked category 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,F.S., and to BOR rule 6C-6.001(6),F.A.C.

Claimant's Signature _____ Date _____

Student's Signature _____ Date _____

STAFF ONLY Documents verified by _____ Date _____

Non-Florida Resident

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 some 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 understand that continuous full-time enrollment at Daytona State College may make me ineligible for reclassification for in-state tuition. Please refer to an Admissions Advisor for possible exceptions.

Signature _____ Date _____

Please return this form and all supporting documentation to: Daytona State College Admissions Office,
1200 W. International Speedway Blvd., Daytona Beach, FL 32114, Fax: 386-506-3940, Email: Admissions@DaytonaState.edu