



# Career, Technical, Adult & Community Education

## WORKFORCE EDUCATION RESIDENCY AFFIDAVIT FOR TUITION PURPOSES

For the purpose of assessing student fees, a student shall be classified as a "resident" or "non-resident" student based upon FS 1009.2. If you do not qualify as a Florida Resident simply sign the Non-Florida Resident section on back of this form.

**The determination of dependent or independent status is important because it is the basis for whether the student has to submit his/her own documentation of residency (as an independent) or his/her parent's or guardian's documentation of residency (as a dependent). The definitions are provided below:**

**Independent Student:** A student who answers "Yes" to any one of the following questions shall be classified as an independent student for the determination of residency for tuition purposes:

1. Will you be 24 years of age or older by the first day of classes of the term for which residency status is sought at a Florida institution?
2. Are you married?
3. Do you have children who receive more than half of their support from you?
4. Do you have other dependents who live with you and receive more than half of their support from you?
5. Are you a veteran of the United States Armed Forces or currently serving on active duty in the United States Armed Forces for purposes other than training?
6. Are both of your parents deceased or are/were you (until age 18) a ward/dependent of the court?
7. Are you classified as an independent student by the financial aid office at this institution?

If you answered "Yes" to **ANY** of the above questions, please check the appropriate box below and after printing your Name and Social Security number proceed to the indicated section. Documentation **MAY** be requested for verification purposes. If you answered "No" to all of the above questions, proceed to the Dependent Student section below.

- ☐ I am an independent person and have maintained legal residence in Florida for at least 12 months. (Proceed to "Claiming Florida Residency" section on the back of this form)
- ☐ I am an independent person and have **not** maintained legal residence in Florida for at least 12 months. (Proceed to "Non-Florida Resident" section on the back of this form)

**Name of Independent Student:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
(Please Print)

**Dependent Student:** A Student who does not meet the above definition of an independent student shall be classified as dependent student for the determination of residency for tuition purposes:

(Check appropriate boxes:)

- ☐ I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- ☐ I am a dependent person who has resided for five (5) 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.
- ☐ A Florida public college/university declared me a resident for tuition purposes.  
**Name of Institution** \_\_\_\_\_
- ☐ 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).
- ☐ 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.
- ☐ 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).

If you are a dependent student based on the above criteria, please print your Name and Social Security Number below and have the person claiming you as a dependent fill out "Claiming Florida Residency" box. Documentation **MAY** be requested for verification purposes.

**Name of Dependent Student:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
(Please Print)

**For Adult General Education Students Only**

Have you attended an Adult General Education Program at any Broward County School in the last 12 months?

☐ Yes ☐ No

If you answered "Yes" to the above question, was your initial enrollment in the program **BEFORE** July 1, 2011?

☐ Yes ☐ No

If you answered "Yes" to ***BOTH*** of the above questions, please proceed to the "Claiming Florida Residency Section".

**Claiming Florida Residency**

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 a relationship, otherwise, the student should complete this affidavit.

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 below pertain to the claimant.**

**Name of Claimant:** \_\_\_\_\_ **Relationship of Claimant to Student:** \_\_\_\_\_

**Permanent Legal Address of Claimant:**

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Cellular Telephone:** \_\_\_\_\_

I do hereby swear or affirm that the above-named student meets all requirements indicated in the checked category on the previous page for the 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.

**Signature:** \_\_\_\_\_

(Person Claiming Florida Residency)

**Date**

**Signature of Verifying Official:** \_\_\_\_\_

**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.

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date**

**APPEAL PROCESS FOR FLORIDA RESIDENCY IN-STATE TUITION**

The Broward County Public Schools' Institutional Appeal Process encourages any student to submit a Florida Residency Classification Appeal form, with attached documentation, and sign a Release of Information form to allow the designated Officer or Appeal Committee permission to review his/her information. The Florida Residency Classification Appeal form must be received within 10 business days from the date a student is informed that he/she is not eligible to pay in-state tuition. The Residency Appeal Officer or Committee will render to the applicant the final residency determination in writing within 30 days. The applicant will be advised of the reasons for the determination. The institution's Appeal Committee or Officer's decision is final.