

# PALM BEACH STATE COLLEGE

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PALM BEACH STATE  
COLLEGE

## Request for Florida Residency for Tuition Purposes

### PLEASE PRINT

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

(The CLAIMANT is the person who is claiming Florida residency, e.g., the applicant (if independent), parent, spouse or legal guardian. All of the questions below pertain to the claimant.)

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### **\*\*COPIES OF ORIGINAL DOCUMENTATIONS MUST BE PROVIDED\*\***

Date Claimant Began Establishing Legal Florida Residence and Domicile \_\_\_\_\_  
mm/dd/yy

**All documentation must be dated one year prior to the first day of the term and must be received prior to the last day of add/drop (Note\* A minimum of 3 documents required for reclassification one must be a tier one document) FS1009.21.**

Note: Additional information on residency can be found at <http://www.palmbeachstate.edu/admissions/floridainstateinfo.pdf>

Claimant's Voter Registration: State: \_\_\_\_\_ County: \_\_\_\_\_ Number: \_\_\_\_\_ Registration date \_\_\_\_\_  
mm/dd/yy

Claimant's Drivers License: State \_\_\_\_\_ Number: \_\_\_\_\_ Issue date \_\_\_\_\_  
mm/dd/yy

Claimant's Vehicle Registration: State \_\_\_\_\_ VIN Number: \_\_\_\_\_ Issue date \_\_\_\_\_  
mm/dd/yy

Citizenship:  U.S. Citizen  Permanent Resident Alien  Asylee or Refugee Alien  Other \_\_\_\_\_

Resident Alien Number A \_\_\_\_\_ Date Card Issued \_\_\_\_\_  
(Copy of both sides of card required)

Do you own a home in Florida? \_\_\_\_\_ Yes \_\_\_\_\_ No (If Yes, provide proof of Homestead Exemption.)

#### Definitions:

Dependent A person for whom 50 percent 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 percent of his/her support.

Did your parent (s) claim you on your most recent income tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Students under the age of 24 must provide a copy of their parents' and their most recent income tax return)

#### ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE INSTITUTION

I do hereby swear or affirm that the above-named applicant 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.

\_\_\_\_\_  
Signature of Student in ink                      and of                      Claimant signature                      \_\_\_\_\_  
Date

OFFICE USE ONLY	Action: _____ Approved _____ Disapproved _____	Term: _____
APPROVED BY: _____	Date: _____	