

PALM BEACH STATE COLLEGE

4200 Congress Avenue
 Lake Worth, FL 33461-4796
 Telephone: (561) 967-PBCC



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: _____	