

**AFFIDAVIT/DOCUMENT EVIDENCING FAMILY TIES IN FLORIDA
RESIDENCY FOR TUITION PURPOSES (TIER 2 OF F.S. 1009.21)**



Student name _____

N-Number: _____

I, (Relative) _____, do hereby swear or affirm that I am related to
_____ (claimant) by virtue of the following (explain exactly how you are
related to the individual/student - must be an immediate relative):

and that I have lived in the state of Florida for at least 12 months prior to the first day of classes.

Please provide copies of two forms of proof evidencing that relative is a resident of the State of Florida
**(must be a State of Florida issued documents, e.g., driver's license, vehicle registration, voter i.d.
card, etc., but cannot be hunting/fishing license, library card, birth certificate, passport, etc.).**

Documents must bear an issue date of at least 12 months prior to the first day of class for the term in
which student is applying to attend.

Establishment date (Relative): _____ Establishment date (Claimant): _____

Current address (relative): _____

Signed: _____ (Claimant) Date: _____

Signed: _____ (Relative) Date: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, ,
by _____.

Signature of Notary

Name of Notary typed, printed or stamped

Personally known _____ OR produced identification _____

Type of identification produced _____