

Residency Affidavit of Family Ties

For support of claim to classify as a resident for tuition purposes TIER 2 of F.S. 1009.21

FSCJ STUDENT ID # _____ **STUDENT NAME** _____

PLEASE PRINT — TO BE COMPLETED BY A RELATIVE

I, (FIRST) _____ (MIDDLE) _____ (LAST) _____

DATE OF BIRTH _____ / _____ / _____
MM DD YYYY

state the following facts and affirm the truthfulness of these facts.

RELATIVE'S ADDRESS

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

1. I am over 18 years of age and competent to give this testimony.
2. All of the information provided in this affidavit is true and correct based upon my own personal knowledge of these facts.
3. My home address is correct as stated above.
4. I have resided at this address since _____. If less than one year, provide previous address.

PREVIOUS MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

5. Florida identification number (driver's license, voter or vehicle registration) _____. Documentation must be 12 months or older by the start of the term.

CHOOSE ONE OF THE FOLLOWING:

6. The student named above is my _____ (indicate family relationship). We share the love and affection typical between relatives with this family tie. (*Relationship must be immediate family such as mother, father, son, daughter, child, grandparent, grandchild, etc.*)

OR

7. The student named above, my immediate relative, moved to Florida with the express intent of making Florida his/her permanent home on _____ (date).

I understand that I am affirming the truthfulness of the facts asserted above by me in this affidavit. I further understand that the punishment for knowingly making a false statement under oath includes fines and/or imprisonment.

Signed _____ (relative) Date _____