



Return completed application and all supporting materials as pdf attachments to: [residencyreview@ucf.edu](mailto:residencyreview@ucf.edu)

## RESIDENCY RECLASSIFICATION APPLICATION & AFFIDAVIT

UCFID \_\_\_\_\_ Student Name (First, Middle, Last) \_\_\_\_\_

### FORM INFORMATION

- This Application is for **current or readmitted UCF Undergraduate Students** that have paid non-resident fees at least one term and are seeking residency reclassification for a subsequent term.
- **Readmitted Undergraduate Students** should contact [ResidencyReview@ucf.edu](mailto:ResidencyReview@ucf.edu) for separate residency verification.
- **New/Transfer Students** in their first term at UCF should refer to <https://apply.ucf.edu/forms/residency/basicinfo>
- **Graduate Students** should refer to <https://graduate.ucf.edu/admissions/cost/>

The full versions of Florida State requirements for Residency for tuition purposes are available at <https://www.floridashines.org/residency-for-in-state-tuition-needs-meta-info>. For additional information regarding residency reclassification, visit [registrar.ucf.edu/residency-reclassification/](https://registrar.ucf.edu/residency-reclassification/)

### CLAIMANT

The Person Claiming Residency: Read and “Initial” that You Acknowledge the Following Important Points:

Residency Reclassification requirements are established by Florida Statutes and the Florida Department of Education administrative code (not UCF). **There is a difference between being a “Florida resident” and a “Florida resident for tuition purposes” pursuant to Florida Statutes.** Residing in Florida for a year or longer or maintaining Florida documents for 12 months does not automatically qualify a Claimant as a Florida resident for tuition purposes. To be considered a “Florida Resident for Tuition Purposes” the Claimant has the burden of proof, through the submission of official and/or legal documents, that there are sufficient permanent ties to Florida and, when the student is the Claimant, maintaining permanent legal residency is not incident to enrollment at UCF. **If the student is the Claimant, they will not normally meet this requirement if they have been consecutively enrolled at UCF.** Students may not use relatives other than Parents or Spouse to declare Florida residency except under very specific circumstances.

Students may apply for residency reclassification for any term; however, the documentation provided will determine when and if the Claimant is qualified. Florida residency for tuition purposes determinations are based on multiple criteria, including: arrival in Florida; documentation with established permanent ties to Florida; who the Claimant is; if the Claimant is a student; domicile; the status of the Claimant (Independent/Dependent) during the qualifying period; and that the duration the Claimant can demonstrate they have lived in Florida while not attending school unless they meet an exception. **Eligible documentation must support twelve months prior to the first day of classes for the term of residency reclassification unless the Claimant meets an exception.**

**All Claimants must show proof of a bona fide domicile,** rather than a mere temporary residence incident to a student’s enrollment in an institution of higher education, particularly during the requisite 12-month qualifying period. The Claimant must support where they reside full-time; UCF Housing, UCF-Affiliated Housing and temporary housing will not qualify as a bona fide domicile. Owning a home in Florida does not in itself establish residency for tuition purposes.

UCF does not solicit any particular documentation to prove residency. However, all documents must support the Claimant’s physical presence in Florida and a bona fide domicile. There must be an absence of any documents representing legal ties to any other country or state during the qualifying period. Official and or legal documents establishing Florida residency are listed in this application. No single document will qualify a Claimant for Residency Reclassification. **Determinations are made based on multiple variables stated in this application.**

A Claimant under age 24 who claims “Independent” and is not married must demonstrate that they are financially and legally independent from any out-of state residency through documents requested in this application. Employment/income not tied to Florida or not claimed as verifiable and taxable income is not eligible income. Financial independence is only one aspect of the application process – **meeting the minimum income requirement and documentation does not guarantee that a Claimant will qualify for Florida residency for tuition purposes.**

I understand that this application will be reviewed for the term requested and that I will be informed of a decision in a timely manner once all documentation is received and reviewed. If approved, my status will be updated; if denied, I have the option to appeal and have the decision reviewed by the UCF Residency Appeals Committee by submitting a written request, or to apply for residency reclassification for another subsequent term. I understand that while this list addresses significant and common criteria that relate to residency reclassification, it is not exhaustive.

### SIGNATURE

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NOTE:** The **absolute deadline** for this Application and for ALL COPIES accompanying documentation proving Florida residency for tuition purposes is one week (7 calendar days) before the first day of classes for the semester in which the student seeks reclassification. Please refer to [Calendar.ucf.edu](http://Calendar.ucf.edu) for registration deadlines. Therefore, it is in your best interest that your application and ALL COPIES of accompanying supporting documentation be submitted as early as you can.



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## RESIDENCY RECLASSIFICATION APPLICATION & AFFIDAVIT

This application and ALL COPIES of accompanying documentation proving Florida residency for tuition purposes are due one week (7 calendar days) before the first day of classes for the semester in which the student seeks reclassification. Please refer to [Calendar.ucf.edu](http://Calendar.ucf.edu) for registration deadlines. **Complete ALL the areas. PDF Copies of all selected documentation are required.** JPG photos, PNG photos, or HEIC photos of applications and/or documents are not acceptable and will be returned.

### STUDENT INFORMATION

|                                                   |                                                          |                                                                                                    |
|---------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| UCFID                                             | Student's Name                                           | Date of Birth                                                                                      |
| Phone Number                                      | Student's Email Address                                  | @ucf.edu (all correspondence will be sent here)                                                    |
| Previously applied for residency reclassification | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                    |
| Student's First Term at UCF (Term/Year)           | Term seeking residency [choose one] (Term/Year)          | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20__ |

List all schools attended in the previous 12 months \_\_\_\_\_

### CLAIMANT INFORMATION

Questions below pertain to the Claimant. The "Claimant" is the person claiming Florida residency. If the Spouse or Parent is the Claimant, all documentation must support their information. If the student is the Claimant, the duration of residence in Florida, dates establishing ties, duration in any institution of higher education, status (independent/dependent) as a student, and documentation provided will all impact residency decisions.

- If the student is under age 24 and the Claimant they must qualify "**independent**" (explained on page 4).
- If the student is under age 24 and "**dependent**," the student's parent or legal guardian must be the Claimant.
- If the student is "**married**" to a Florida resident, then the spouse may be the Claimant.
- Any other person must qualify and submit legal documentation to establish the indicated relationship and qualify.
- Relatives may not be used to prove residency unless the student demonstrates they are claimed by the relative for **five tax years**.

Name of Claimant \_\_\_\_\_ The Claimant is     Student     Parent     Spouse     Other \_\_\_\_\_

*Copies of legal documentation including proof of marriage or court documents must be submitted with this application.*

Is the Claimant attending school/college during the qualifying 12 month period?     Yes     No

Date the claimant established Florida Residency in Florida: \_\_\_\_\_

Claimant's Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Will the Claimant reside at this address full-time during the qualifying 12 month period?     Yes     No    (If "No" further documentation will be required.)

### CITIZENSHIP

**The Student and the Claimant (if not the student) must be eligible to apply for Florida residency reclassification. Eligible Visa categories are A, E, G, H-1, H-4, I, K, L, N, O-1, O-3, R, T, NATO, asylee, parolee, refugee, or AR1 (permanent residents with an I-485) and some employment authorizations. Copies of documents are required.**

Is the student a U.S. Citizen?     Yes     No

If No, Status \_\_\_\_\_ Resident Immigrant Number (Non-U.S Citizen only) \_\_\_\_\_ Issue Date \_\_\_\_\_



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## RESIDENCY RECLASSIFICATION APPLICATION & AFFIDAVIT

### EXEMPTIONS

**Exemptions to the 12 month Physical Presence Rule are limited and must be declared:** Under certain specified conditions listed below, Claimants are not required to maintain a bona fide domicile in Florida for the requisite 12 month period in order to be classified as Florida residents for tuition purposes.

Check any below that apply and **provide copies of the indicated accompanying documentation:**

- Member of the Armed Forces on active duty, their spouses and/or dependent children, whose home of record is in Florida, Drilling Florida National Guard (*required: military orders, DD 2058, or LES statements*).
- Full-time instructional or administrative employee of a Florida public school, community college, or institution of higher education, or their spouses or dependent children (*required: employment verification*)
- Full-time employee of a State agency whose fees are paid for by the State for the purpose of job-related law enforcement or corrections training (*required: employment verification*)
- Florida Prepaid (*required: proof of valid account*)

### DOCUMENTATION

**The following is a list of types of documents that support Florida residency for tuition purposes.** The Claimant may submit any of these documents supporting Florida residency; however, only documents in the Claimant's name and supporting 12 months or more prior to the term seeking residency will be used to verify Florida residency. **Each item selected requires A PDF COPY to be submitted with this application.** If supplemental documents are necessary, they will be requested.

Florida Driver's License or ID Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Florida Vehicle Registration (no titles) Tag Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Florida Voter Registration County \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_

**Request Proof of bona fide domicile:** The Claimant must prove physical presence and maintain a full-time bona fide domicile for **12 consecutive months** or more prior to the term seeking residency reclassification. The domicile must be where the Claimant has resided full-time for the required period and can provide **proof of 12 consecutive months of payment.** Select which applies to the Claimant and **attach copies of all documentation.**

Lease(s)- Dates \_\_\_\_\_ to \_\_\_\_\_ ; Lease(s)- Dates \_\_\_\_\_ to \_\_\_\_\_

Purchase of home Date \_\_\_\_\_ (warranty deed, mortgage/12 months) Homestead Exemption Yes No

If living with someone- Dates \_\_\_\_\_ to \_\_\_\_\_

**(Notarized letters of residence must come from the person you live with and certify that the Claimant resided there full-time, for 12 consecutive months with address, dates, and proof of rent payments for the period.)**

Name of Current Employer \_\_\_\_\_ Location \_\_\_\_\_

**Employment not clearly in Florida will require supporting documentation.**

Is the position part-time or full-time? Part-Time Full-Time Supporting Documents? Letters of hire/employment W-2s Pay Stubs

**Employment:** Full-time employment may be used to document Florida residency (30 hours or more a week x 52 weeks) for the Claimant for 12 consecutive months prior to the reclassification term. (Proving income/employment for financial independence is a separate determination/ page 4). If using employment to claim Florida residency provide evidence and copies as selected above.

**Other documents supporting the Claimant's ties to Florida that may be submitted:**

Declaration of Domicile (must be filed with the clerk of courts one year prior to term)- Date Filed \_\_\_\_\_

Professional or Occupational License/Florida Incorporation Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Proof of utility bills payments (water and electric) supporting 12 months or more- Dates \_\_\_\_\_ to \_\_\_\_\_

List other documentation provided: \_\_\_\_\_



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## RESIDENCY RECLASSIFICATION APPLICATION & AFFIDAVIT

### INDEPENDENCE/DEPENDENCE

**Dependent:** A person under age 24 for whom 50 percent or more of his/her cost of enrollment is provided by another, or as defined by the Internal Revenue Service. Claimants may be asked to provide an IRS tax transcript for the previous tax year.

Yes, the student is Dependent. A parent must qualify as a Florida resident.

**Independent:** A student who provides more than 50 percent of their own cost of enrollment in the previous tax period, or meets one or more of the following criteria:

- ✓ Student is 24 years of age or older by the first day of classes of the term for which residency is sought.
- ✓ Student is married.
- ✓ Student has children who receive more than half of their support from the student.
- ✓ Student is a veteran of or is currently serving in the United States Armed Forces for purposes other than training.
- ✓ Both of the student's parents are deceased or the student is or was (until age 18) a ward of the court.
- ✓ Student is determined homeless by specific agencies.
- ✓ Student is working on a master's or doctoral degree during the Term for which residency is sought.

**A copy of the student's income taxes is required. If a student is under age 24 they may be asked to provide a signed and notarized copy of the parent's income taxes (1040) for the previous tax year.** If a notary will not certify the signed taxes, a separate attached notarized statement is acceptable to verify signatures on income taxes.

- Yes, the student is claiming to be Independent; a copy of the student's income taxes is requested.
- Yes, the student is claiming to be Married; a copy of the Claimant's income taxes is requested.

**Income:** All students under age 24 claiming to be "Independent" for residency purposes must meet an income requirement if they are not married or meet any of the above listed criteria. Students who claim "independence" by virtue of demonstrating they provide 50% or more of the cost of attendance at UCF must submit supporting documentation. According to the UCF Office of Student Financial Assistance, the current estimated cost of attending UCF as an undergraduate Florida resident not living with parent for the school year is \$23,622. **Therefore, to qualify as "Independent", a student must provide more than half of their cost of attendance, or at least \$11,811, for the qualifying period (12 months prior to the term) or previous tax year. All income must be verified.**

- PDF copies of supporting document for verifiable income and employment: Pay stubs; W-2; 1099
- Income for the previous 12 months/tax year is more than \$11,811: \$ \_\_\_\_\_

### SIGNATURE

As the Claimant, by signing this application for residency reclassification, I affirm all of the below:

- ✓ **I have read and understand the requirements for Florida Residency for Tuition Purposes as explained to me in this application and on [registrar.ucf.edu/residency-reclassification/](http://registrar.ucf.edu/residency-reclassification/)**
- ✓ **I understand that while this list speaks to significant and common criteria that relate to residency reclassification, it is not exhaustive and additional requests for documentation or clarifying statements may be made.**
- ✓ **I understand that the Claimant's residency determination for tuition purposes includes all of the criteria discussed in this application and is determined on a case-by-case basis (depending on documentation).**
- ✓ **I understand there must be an absence of all other ties to another state.**
- ✓ **I understand that by submitting all the requested information, it does not mean that the Claimant will automatically qualify.**
- ✓ **The Student will be notified about all residency decisions via their UCF email account.**
- ✓ **I understand that if denied the Student has the right to appeal (in writing) any residency determination and request the UCF Residency Appeals Committee review this residency decision, and/or apply for reclassification for any subsequent term.**
- ✓ **I understand that making a false statement in this affidavit will subject the Student/Claimant to penalties pursuant to Florida Statute 1009.21, F.S., State Board of Education, Rules 6A-10.044 & 6A-20.003, and Board of Governors Regulation 7.005.**

|                                         |      |
|-----------------------------------------|------|
| Claimant Signature                      | Date |
| Student Signature (if not the Claimant) | Date |