

## **RESIDENCY AFFIDAVIT OF FAMILY TIES**

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

Student Ir	nformation			
tudent ID:		Student Name:		
Please P	rint – To be comp	leted by relative with	whom the student is I	living.
I,(First)		(Middle)	_ (Last)	
state the f	ollowing facts and affirr	n the truthfulness of these fa	cts.	
Relative's	address		City	ST ZIP
1.	l am over 18 years of a	ge and competent to give thi	s testimony.	
2.	All the information prov	ded in this affidavit is true ar	nd correct and based upon n	ny own personal knowledge of these facts.
3.	My home address is co	rrect as stated above.		
4.	I have resided at this ac	at this address since If less than one year, provide previous address:		
Address			City	STZIP
	Florida Identification number: (DL, VOTER, VEHICLE REGISTRATION)			
	(Identification must be p	ersonally produced or attached	d to this form)	
affection t		s with this family tie. (Relatio		family relationship). We share the love and mily such as mother, father, son, daughter
		ove, my immediate relative, n	-	press intent of making Florida his/her
	and that the punish	•		ve by me in this affidavit. I further under oath includes fines and/or
Signed:			_(Relative) Date:	
registrar@	polk.edu, must be acco	ompanied by a copy of an off	ficial document with name.)	the documents listed above.(If emailed to