

finaid@southernregional.edu

Georgia Residency Verification for HOPE Programs

2324 GARES

OFFICE OF FINANCIAL AID

| Student Name (printed) | Student ID# or SSN |
|---|--|
| By signing below I certify that I am a legal resident of (Name of S | and that I have been a resident of the above state since State) |
| I have provided documentation of when I became a legal resident of the above state. (Month/Day/Year) | |
| Student Signature | Date |

Supporting Documentation Requirements: Must prove 24 months of GA residency.

| Under 24 Years of Age | | 24 Years of Age or Older |
|--|--|---|
| Did your parent(s) claim you on their most recent Federal tax return? (Please circle one) | | Must document your residency by |
| YES | NO | providing at least TWO items below. |
| Must document parent's residency by providing at least TWO items below. | Must document your residency by providing at least TWO items below. | |

Documents that may be used to prove legal Georgia residency:

- A State-issued Driver's License or ID with an issue date within acceptable range.
- · A State Income Tax Form with a Full-Year Resident Filing Status for last two years.
- Georgia Voter Registration Card with issue date within acceptable range.
- A Lease Agreement / Mortgage Contract showing a contract begin date within acceptable range.
- Utility bills showing service within acceptable date range.
- Other documents may be used at the discretion of the Financial Aid Office.

PLEASE NOTE: Forms submitted without accompanying documentation will not be processed.

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Date