



SOUTHERN REGIONAL
TECHNICAL COLLEGE

**Georgia Residency Verification
for HOPE Programs**
2122 GARES

finaid@southernregional.edu

OFFICE OF FINANCIAL AID

Student Name (printed) _____ Student ID# or SSN _____

By signing below I certify that I am a legal resident of _____ and that I have been a resident of the above state since _____
(Name of 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)		<ul style="list-style-type: none"> • Must document your residency by providing at least TWO items below.
YES	NO	
<ul style="list-style-type: none"> • Must document parent's residency by providing at least TWO items below. 	<ul style="list-style-type: none"> • 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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