

# Georgia Residency Verification for HOPE Programs

1920 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 reside	nt of(Name of State)	and that I have been a resident of the above state since
. I have (Month/Day/Year)	provided documentation of when I became a lega	resident of the above state.
Student Signature		Date
Supporting Documentation Requirements: M	ust prove <u>24 months</u> 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 <b>TWO</b> items below.
<ul> <li>Must document parent's residency by providing at least TWO items below.</li> </ul>	<ul> <li>Must document your residency by providing at least TWO items below.</li> </ul>	

## 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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## <u>Moultrie</u>

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## <u>Tifton</u>

52 Tech Drive Tifton, GA 31794 229.386.3164 phone 229.391.2626 fax