Georgia Residency Checklist

In order to accurately assess your eligibility for Georgia state financial aid programs such as HOPE Scholarship, Zell Miller Scholarship, and Georgia Tuition Equalization Grant (TEG), among others, we find it necessary to request additional information regarding your legal residency in the State of Georgia. Please answer each of the following questions to the best of your ability and return this form to the address on the back. Please submit photocopies of documents as indicated.

Student’s Name: ___________________________________________ Brenau ID or SSN: ________________________________

1. When did you move to the State of Georgia? (Month/Day/Year) ________________________________

2. Do you have a Georgia driver’s license? ___Yes ___No  If yes, please submit a photocopy.
   If not, what state issued your license? __________________________

3. Did you graduate from a Georgia high school? ___Yes ___No
   If yes, what high school? ___________________________ Graduation date (Month/Year) __________________________

4. Do you own real property (a home and/or land) in Georgia? ___Yes ___No
   If yes, when did you purchase the home/land? __________________________
   If you own a home, do you live in that home full time? ___Yes ___No

5. Are you employed in Georgia? ___Yes ___No
   If yes, provide employer’s name and beginning date of employment. __________________________

6. Have you ever filed a Georgia Income Tax Return? ___Yes ___No
   If yes, what was the most recent year you filed? ______
   What was your residency status on that return? ____ full-year resident ____ part-year resident ____ non-resident?
   If part-year resident, how many months of residency did you indicate on your tax return? ______

7. Do you own a motor vehicle? ___Yes ___No
   If yes, is your vehicle registered in Georgia? ___Yes ___No

8. Are you registered to vote in Georgia? ___Yes ___No  If yes, please submit a photocopy of your voter registration.
   If yes, when did you initially register to vote? (Month/Year) __________________________

9. Are you on active duty in the U.S. Armed Forces? ___Yes ___No  If yes, please submit a photocopy of your DD Form 214 or TDY paperwork.

10. Are you a legal resident of any other state? ___Yes ___No  If yes, what state? __________________________

Student Certification: I certify that I have answered these questions truthfully and to the best of my ability.

_________________________________________________________  ________________________________
Student’s Signature Date

Important Note: If you were required to include parent information on your most recent Free Application for Federal Student Aid (FAFSA), please have your parent complete the additional residency questions on the reverse side of this form.
To be completed by the student’s parent, if parent information was required on the student’s most recent FAFSA.

1. Since what date have you, the parent, been a resident of the State of Georgia? (Month/Year)_________________________

2. Do you have a Georgia driver’s license? ____Yes ____No  If yes, please submit a photocopy.
   If not, what state issued your license? ______________________

3. Do you own real property (a home and/or land) in Georgia? ____Yes ____No
   If yes, when was the home/land purchased? _________________
   If you own a home, do you live in that home full time? ____Yes ____No

4. Are you employed in Georgia? ____Yes ____No
   If yes, provide employer’s name and beginning date of employment. ________________________________

5. Have you ever filed a Georgia Income Tax Return? ____Yes ____No
   If yes, what was the most recent year filed? ________
   What was your residency status on that return? ____full-year resident ____ part-year resident ____ non-resident
   If part-year resident, how many months of residency did you indicate on your tax return? ________

6. Do you own a motor vehicle? ____Yes ____No
   If yes, is your vehicle registered in Georgia? ____Yes ____No

7. Are you registered to vote in Georgia? ____Yes ____No  If yes, please submit a photocopy of your voter registration.

11. Are you on active duty in the U.S. Armed Forces? ____Yes ____No  If yes, please submit a photocopy of your DD Form 214 or TDY paperwork.

8. Are you a legal resident of any other state? ____Yes ____No  If yes, what state? ________________________________

Parent Certification: I certify that I have answered these questions truthfully and to the best of my ability.

____________________________________________________________        __________________________________
Parent’s Signature                                                                                         Date

Brenau University reserves the right to request additional documentation in support of any statements made on this Residency Checklist.

Please return this form and any supporting documents to:
Brenau University
Office of Financial Aid
500 Washington Street SE
Gainesville, GA  30501
FAX: 770-538-4306
Email: financialaid@brenau.edu