Louisiana’s Taylor Opportunity Program for Students (TOPS)
Affidavit of Residency

PLEASE FOLLOW THE INSTRUCTIONS ON PAGE 2 OF THIS AFFIDAVIT

BEFORE ME, undersigned Notary, personally came and appeared ________________________________,
who after being duly sworn, did depose and say:

A. Check the one box that applies to you.
“I declare that I am the □ Parent of the Applicant, □ Court Ordered Custodian of the Applicant or the □
Applicant (Only independent students may check this box) who is seeking a TOPS award.”

B. Enter your name, address, phone number and email address.

Name____________________________________ Phone Number_____________________________

Current Mailing Address________________________________________________________________

Current Email Address____________________________________________________________________

C. Enter the name, LOSFA ID number, and the date of birth of the TOPS Applicant.

Name: ________________________ LOSFA ID __________________ Date of Birth: _______________

D. If applicable, the date the Applicant successfully completed a State Board of Elementary and Secondary
Education (BESE) approved home study program: ____________________________, _______.
               (month)     (day)  (year)

E. If applicable, the date the Applicant graduated from high school, high school name, and accrediting
organization:

__________ ____, _______   ____________________________           ___________________________
               (month)           (day)          (year)                      (name of the high school)        (name of the accrediting organization)

F. Location where the Applicant graduated from high school or completed a BESE approved home study
program:

___________________________________________________________________________________________
               (city)  (state, territory, prefecture or equivalent) (country)

G. Check all that apply to you. If you check “YES” to question 2, 4, 6 or 8, you must attach a copy of the
document listed after that item.

1. □ YES □ NO I am a registered voter. (Copy of voter registration card)
2. □ YES □ NO I am currently registered to vote in Louisiana. (Copy of voter registration card)
3. □ YES □ NO I am licensed to drive a motor vehicle. (Copy of LA driver’s license)
4. □ YES □ NO I currently hold a valid Louisiana driver’s license. (Copy of LA driver’s license)
5. □ YES □ NO I own a motor vehicle. (Copy of automobile registration)
6. □ YES □ NO My vehicle is currently registered in Louisiana. (Copy of automobile registration)
7. □ YES □ NO I have earned taxable income.
8. □ YES □ NO I have filed Louisiana income tax returns for the two most recent taxable years.
(Copies of Louisiana income tax returns for the two most recent tax years prior to the Applicant’s graduation from high school or BESE approved home study completion.)
H. Complete only if you are a member of the Armed Forces on active duty. If you check “YES” to one of these questions, you must attach copies of the documents listed after that item.

1. □ YES □ NO  I am stationed in Louisiana under permanent change of station (PCS) orders and my DD Form 2058 in my official military records was amended within 180 days of reporting to Louisiana to show that I claim Louisiana as my state of legal residence.  (**Copies of your military ID Card, PCS Orders, DD Form 2058, and pay stubs or a W-2 evidencing that Louisiana taxes were withheld from the military members’ pay.**)

2. □ YES □ NO  I am stationed outside the state of Louisiana; however, I claim Louisiana as my legal residence on my DD Form 2058 and have filed Louisiana tax returns for the most recent two years in compliance with Louisiana state income tax laws and regulations applicable to my earned income.  (**Copies of your military ID Card, DD Form 2058, and Louisiana income tax returns for the two most recent tax years prior to the Applicant’s graduation from high school.**)

I. I have been a legal resident of Louisiana since ____________________________, ________.

   (month)     (day)     (year)

J. In the presence of a Notary Public, complete and sign this affidavit attesting to the foregoing and enter the date.

   **Sworn Statement:** “I make this sworn statement, under penalty of law, for the express purpose of qualifying myself, my child or my ward for a TOPS award. By signing this form, I do hereby declare that I have personally completed this form and that all information entered on and included with this affidavit of residency is true and correct and that I understand that, if I purposely give false or misleading information, I may be fined, sent to prison or both.”

Thus done and passed in __________________, ____, this ______ day of ______________, ________.

   (city)                   (state)    (day)     (month)          (year)

   Affiant: ____________________________________________________________

   (Legal Signature)

   **SWORN TO AND SUBSCRIBED** before me, the undersigned, Notary, this _____ day of _______. 20_____.

   __________________________________

   NOTARY PUBLIC

   For the Parish/County of _________________________________

   In the State of _________________________________
Student Hub: The applicant should register for an account on the Student Hub at [www.osfa.la.gov/studenthub](http://www.osfa.la.gov/studenthub) to monitor his/her TOPS status. To ensure receipt of important notices regarding his/her TOPS award, the applicant should update his/her information on the Contact Info tab in the Student Hub.

RESIDENCY REQUIREMENTS

To qualify for an award under Louisiana’s Taylor Opportunity Program for Students (TOPS), the applicant must meet one of the following criteria:

(a) At least one of an applicant’s parents or the applicant’s court ordered custodian or, if the applicant is an independent student, the applicant must be a resident of Louisiana for at least 24 consecutive months before the month of the applicant’s graduation from high school. This requirement does not apply to a nonresident on active duty with the United States Armed Forces who meets the requirements of Instruction (h) on the following page;

OR

(b) The applicant must have lived in Louisiana and attended an eligible Louisiana high school for all of his/her last two years of high school and graduate from an eligible Louisiana high school. IF THE TOPS APPLICANT MEETS THIS CRITERIA, YOU DO NOT NEED TO COMPLETE THIS FORM. For assistance, send an email to custserv@la.gov.

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF RESIDENCY

Please complete the affidavit and sign it in blue or black ink before a Notary Public.

WHO MAY COMPLETE THIS AFFIDAVIT?

- If the applicant is a dependent student, a parent or the court ordered custodian must complete this affidavit.
- If the applicant meets the criteria of “Independent Student,” the applicant may complete this affidavit. For the purposes of TOPS, an Independent Student is a student who meets at least one of the following criteria: (1) has been determined independent by a financial aid officer exercising professional judgment in accordance with applicable provisions of the Higher Education Act of 1965, as amended; or (2) is 24 years old; or (3) is an orphan or a ward of the court or was a ward of the court until age 18; or (4) has legal dependents other than a spouse; or (5) is married; or (6) is a veteran of active service in the U.S. Armed Forces (Army, Navy, Air Force, Marines, or Coast Guard); or (7) is a graduate or professional student.

Instructions By Section:

A. Check the applicable box. A person claiming to be the court ordered custodian of a student must submit a copy of the court document that establishes custody. See “Who May Complete This Affidavit” above to determine if the Applicant is a dependent student or an independent student.

B. You must provide your name and your address and telephone number(s) for where you are living when you fill out the affidavit. Please include your email address if you have one. This information is essential to processing an applicant’s TOPS application. **Do NOT put the applicant’s social security number on the form and do NOT put the applicant’s social security number in an email.**

C. Enter the name, LOSFA ID, and the date of birth of the TOPS Applicant. (If you do not know or have the Applicant’s LOSFA ID number, send an email to custserv@la.gov. If a LOSFA ID number has not been assigned, leave this blank.) **Do NOT put the applicant’s social security number in an email.**
D. If the applicant completed a BESE approved home study program, fill in the date of completion.

E. If the applicant graduated from a high school, fill in the date of graduation, the name of the high school and the name of the accrediting organization (Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Colleges and Schools, Northwest Association of Accredited Schools, Southern Association of Colleges and Schools, Western Association of Schools and Colleges). You must provide a copy of the applicant’s complete transcript, including date of graduation.

F. Fill in the name of the city, state (territory, prefecture, or equivalent), and country in which the applicant graduated from high school or completed the BESE approved home study program.

G. You must check “YES” or “NO” for all the questions. If you check “YES” to question 2, 4, 6 or 8, you must attach a copy of the document listed after that item. **Mark out all social security numbers on the documents.** If none of these documents show an issue date at least 24 months before the month you enter in Section F, below, other documents may be acceptable to fulfill this requirement. Send an email to custserv@la.gov for guidance.

H. If the applicant is the dependent child of a nonresident on active duty with the United States Armed Forces who is stationed in Louisiana under permanent change of station orders and who, not later than one hundred eighty (180) days after reporting to such station, changes his DD Form 2058 in his military personnel records to establish Louisiana as his official legal residence and complies with Louisiana income tax laws and regulations for the time period while stationed in Louisiana, check “Yes” in Section E.1 and submit the documents listed.

If the applicant is the dependent child of a resident of Louisiana on active duty with the United States Armed Forces who is stationed outside Louisiana, but who claims Louisiana as his legal residence on his DD Form 2058 and who has filed a Louisiana state income tax return for the most recent two years, check “Yes” in Section E.2 and submit the documents listed.

I. To be a legal resident of Louisiana, you must live in Louisiana and you must intend for Louisiana to be your home state. Your intent is evidenced by your registration to vote, obtaining a driver’s license, registering your car and paying income taxes in Louisiana. Provide the date you last established Louisiana residency. For instance, if you were born in Louisiana on January 31, 1965, then moved to Georgia in 1986 and returned to make Louisiana your legal residence on July 1, 2012, you would enter July 1, 2012. DO NOT ENTER “SINCE BIRTH.”

J. You must sign the affidavit in front of a person who is a Notary in the state where you complete the affidavit. **Send the Affidavit of Residency with all supporting documents to:**

   Office of Student Financial Assistance
   Scholarship and Grant Division
   Post Office Box 91202
   Baton Rouge, Louisiana 70821-9202

**PRIVACY INFORMATION:** If the applicant is either 18 years old or is actually attending college, the Federal Family Educational Rights and Privacy Act (FERPA) does not allow disclosure of the student’s personal information to anyone, including the student’s parents or custodian, with very few exceptions unless (1) the student has submitted a written consent authorizing the person named by the student to have access to his/her records or (2) the parent or custodian has listed the student as a dependent on the preceding year’s income tax return. If you feel it may be necessary to discuss the applicant’s personal information, your submission should include a FERPA Consent Form completed and signed by the applicant (available at www.osfa.la.gov/sgforms) or a copy of your last income tax return showing the student as your dependent.

**Funding for TOPS is contingent upon appropriations. Eligibility for a TOPS Award does not guarantee that your award will be fully funded.**