LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE

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Louisiana's Taylor Opportunity Program for Students (TOPS)
Affidavit of Residency - Student

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 or the ☐ Court Ordered Custodian of the Applicant** 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. Enter the address at which the student lived while attending school.

Mailing address_____

E. Enter the name, phone number, and email address of a person over the age of 18 with whom the student lived at the address provided in D, above.

Name_____ Phone Number_____

Current Email Address_____

F. The date the Applicant graduated from high school and high school name.

_____ ____, _____ _____ _____
(month) (day) (year) (name of the high school) (name of the accrediting organization)

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

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

H. The person named in Section E., above had the legal authorization from me to do the following. You must provide a copy of the document giving the person named in Section E. that authorization. If the person named in Section E is parent, skip to Section I.

1. ☐ YES ☐ NO Enroll the TOPS Applicant in school.
2. ☐ YES ☐ NO Seek medical care for the TOPS Applicant.
3. ☐ YES ☐ NO Reasonably discipline the TOPS Applicant.
4. ☐ YES ☐ NO Do and perform other acts which may be necessary to provide for the shelter, support, and general welfare of the TOPS Applicant.

I. 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. I acknowledge that any statement I have made on this form is subject to further verification by LOSFA, including, but not limited to, contacting the person named in Section E. of this form."

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 https://mylosfa.la.gov/applications/student-hub/ 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.**

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, BUT THE PARENT(S) OF THE APPLICANT DID NOT LIVE IN LOUISIANA, THE APPLICANT'S PARENT MUST COMPLETE THE FORM ENTITLED *AFFIDAVIT OF RESIDENCY - STUDENT*. For assistance, send an email to custserv@la.gov.

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF RESIDENCY - STUDENT

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 student lives out of state, the student's parents must complete the form entitled *Affidavit of Residency*.

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.

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. Enter the address of the TOPS Applicant while he was attending high school.

E. Enter the name of an adult in the household in which the TOPS Applicant lived while attending high school, that person's phone number, and that person's email address.

F. Enter the date the TOPS Applicant graduated from high school and the name of the high school.

G. Enter the city, state, and country of the high school from which the TOPS Applicant graduated.

H. Check Yes or No for each item and provide the applicable documentation.

I. 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 you are either 18 years old or are actually attending college, the federal Family Educational Rights and Privacy Act (FERPA) does not allow disclosure of your personal information to anyone, including your parents or custodian, unless you grant them access to your records. You may grant access through the LOSFA Student Hub. Have your parents sign up for a parent account in the Student Hub, and they will have the option to request permission to see your records. You would then grant that permission through your account.

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