

Student

STU-24 Affidavit of Continuing Legal Residency

State of New Hampshire

County of _____

I, _____ (“Affiant”), affirm under the penalty of law, that the information provided is truthful and correct:

1. Affiant Status Under RSA 194-F

I am the **parent or legal guardian**, of the following **eligible student(s)** participating in the New Hampshire Education Freedom Account (“EFA”) Program:

- Student Name(s): _____
- Date(s) of Birth: _____

2. Legal Residency Requirement

Pursuant to **RSA 194-F:2, I(a)** and **RSA 194-F:4**, I affirm that I am a legal resident of the State of New Hampshire, and that New Hampshire is my legal domicile.

3. Continuing Residency During Temporary Absence

I affirm that any absence from the State of New Hampshire, including travel or residence outside the United States for **missionary, religious, humanitarian, educational, or similar purposes**, is **temporary in nature** and does **not constitute abandonment of New Hampshire legal residency**.

Such temporary absence does not alter my intent to maintain New Hampshire as my permanent legal residence, nor does it constitute the establishment of legal residency in another state or country.

4. Intent to Return and Maintain Domicile

Consistent with New Hampshire law governing domicile and residency, I affirm that I maintain and intend to maintain **substantial ties** to the State of New Hampshire, which may include but are not limited to:

- Ownership or lease of a residence in New Hampshire
- New Hampshire driver's license or state-issued identification
- New Hampshire voter registration (if applicable)
- New Hampshire vehicle registration
- Other indicia of New Hampshire domicile

I affirm that I intend to return to New Hampshire following the conclusion of any temporary absence.

5. EFA Program Participation

- I understand that ClassWallet Marketplace purchases must be shipped to my address on file and that shipping outside the state is prohibited.

I affirm that my child(ren)'s participation in the EFA Program during any temporary absence from the state remains consistent with RSA 194-F, applicable administrative rules, and the policies of the participating scholarship organization.

Nothing in this affidavit is intended to assert that physical presence in New Hampshire at all times is required, only that legal residency and domicile are maintained, consistent with RSA 194-F.

6. Ongoing Duty to Notify

I understand and acknowledge that I am required to notify the participating scholarship organization if:

- My legal residency changes;
- I take any action that would establish domicile or legal residency outside the State of New Hampshire, or
- My student otherwise becomes ineligible to participate in the EFA program

7. Acknowledgment of Penalties

I understand that knowingly making a false statement in this affidavit may result in:

- Loss of eligibility under RSA 194-F
- Termination of EFA participation
- Repayment of improperly received EFA funds
- Other remedies available under New Hampshire law

8. I Agree and Acknowledge

- I agree to immediately exit my child(ren), from the EFA program and notify the scholarship organization if my child enrolls in a public school or otherwise becomes ineligible for the EFA program
- I understand that I am liable for and I agree to repay any funds that my child was not entitled to under the law

9. Certification

I certify under **penalty of perjury** that the foregoing statements are true and correct to the best of my knowledge and belief.

Affiant Signature: _____

Printed Name: _____

Date: _____

NOTARY ACKNOWLEDGMENT

State of New Hampshire

County of _____

On this ____ day of _____, 20__ before me, the undersigned Notary Public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to this instrument, and acknowledged that they executed the same for the purposes stated herein.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

Notary Seal: