

Military Members Active-Duty

MIL-02 Affidavit - Intent to Maintain NH Legal Residency

Applicant Information

Parent/Guardian Name: _____

Service Member Branch of Service:

Student Name(s):

New Hampshire Legal Address:

PCS Order Assignment Location/Address:

Statement of Intent

I, the undersigned applicant, acknowledge and affirm under penalty of law the following:

1. I am the parent or legal guardian of a dependent child eligible for enrollment in the New Hampshire Education Freedom Account (EFA) program.
2. I am currently a legal resident of the State of New Hampshire.
3. It is my good-faith intention to maintain legal residency in New Hampshire and to return to New Hampshire following the completion of my, or my spouse's, military service.
4. I will notify the scholarship organization immediately if my child:
 - Enrolls in a New Hampshire public school,
 - Moves permanently out of New Hampshire, or
 - Otherwise becomes ineligible for the EFA program, and I will promptly exit my child from the program.
5. Exclusive Participation Requirement
 - I affirm that my child is not currently enrolled in, nor receiving benefits from, any other Education Savings Account (ESA), scholarship account, or similar publicly funded education program administered by another state, including the state in which I may be temporarily stationed or residing under military orders.
6. I agree that enrollment of my child in another state's ESA or similar education funding program while participating in the New Hampshire EFA program is prohibited, unless expressly authorized under New Hampshire law.
7. If my child becomes enrolled in or receives benefits from another state ESA or equivalent program, I will immediately notify the scholarship organization and withdraw from the New Hampshire EFA program, unless otherwise permitted by law.
8. I understand that I am liable for repayment of any funds received under the New Hampshire EFA program for which my child was not legally entitled.

9. I understand that providing false, misleading, or incomplete information on this affidavit may result in:
- Termination of EFA eligibility
 - Repayment of funds
 - Other legal or administrative actions permitted under New Hampshire law.

Certification

I certify that the information provided above is true and correct to the best of my knowledge and belief.

Affiant Signature: _____

Printed Name: _____

Date: _____

ACKNOWLEDGMENT

State of New Hampshire

County _____

The foregoing was acknowledged before me this _____ day of _____, 20_____

By (Name of Applicant) _____

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

Notary Seal: