



For Office Use Only

Student _____

Decision: _____

Date application initially filed: _____

Date: _____

Date application completed: _____

Case/File I.D.: _____

Term for which application applies: _____

Signed: _____

Institutional Official

W _____ O _____ S _____

Routine audit scheduled for _____

**STATEMENT AND AFFIDAVIT
FOR RESIDENCY CLASSIFICATION
AT KENTUCKY PUBLIC COLLEGES AND UNIVERSITIES**

OATH AND AUTHORIZATION FOR USE OF RECORDS

To the Student: *This statement must be notarized before returning. Do not sign this statement until you are directed to do so by a Notary.*

State of _____

County of _____

The undersigned person, being first duly sworn, states as follows: That the foregoing statements and all supporting documents are, and each of them is, true and correct. That any and all of my documents maintained by this institution may be released to the Committee or its designated representative to be used by that Committee or its representative in the determination of my status as a resident or nonresident of the Commonwealth of Kentucky for admission and tuition assessment purposes.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____ (year).

Notary Public

County of _____

My commission expires _____.

NOTE: All items marked with an asterisk (*) must have accompanying documentation.

I. BASIS FOR APPLICATION

CHECK ONE:

- Independent person demonstrating domicile and residency in Kentucky.
- Dependent person seeking residency and domicile of resident parent(s) or legal guardian.
- Seeking Kentucky residency status provided under Section 7 of 13 KAR 2:045. (Duty in the armed forces)
- Beneficiary of a Kentucky Educational Savings Plan Trust.
- Kentucky Contract Programs in Optometry and Veterinary Medicine – consider for the following schools:
 - Southern College of Optometry
 - University of Alabama
 - University of Indiana
 - Auburn
 - Tuskegee

II. ENROLLMENT INFORMATION

1. Have you previously filed an application for determination of residency status? Yes No
 If yes, for what term? _____
2. Indicate the term and year (one term only) for which this application should be considered:

<input type="checkbox"/> Fall 20 ____	<input type="checkbox"/> Spring 20 ____
<input type="checkbox"/> First Summer Session 20 ____	<input type="checkbox"/> Second Summer Session 20 ____
3. Are you currently enrolled in a Kentucky college or university? Yes No
 If no, for which term do you plan to enroll? Term _____ Year _____
 If yes, which institution: _____
4. Check one:

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Law	<input type="checkbox"/> Public Health
<input type="checkbox"/> Medicine	<input type="checkbox"/> Dentistry	<input type="checkbox"/> Pharmacy	

 How many credit hours are you currently taking? _____, or will be taking? _____

III. PERSONAL INFORMATION

1. Name: _____

Last
First
Middle
Maiden, Jr., II, etc.
2. Social Security Number: _____
3. Birthdate: Month _____ Day _____ Year _____
4. State and Country of Birth: _____

State
Country
5. Permanent Address: _____

Number
Street

City
County
State
Zip
6. Present Address: _____

Number
Street

City
County
State
Zip
7. To which address should this decision be sent: Permanent Present E-mail
8. Phone Number (including area code): Home (_____) _____ Work (_____) _____
9. E-mail (include only if you use this address on a regular basis): _____

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IV. DETERMINATION OF DEPENDENT/INDEPENDENT STATUS

* 1. Did you file a federal or state income tax return as an independent person claiming yourself as an exemption?
Federal income tax forms? Yes No State income tax forms? Yes No
If yes, for what most recent year? _____

* 2. Did either of your parents claim you as a dependent for the tax year preceding the date of this application on federal or state income tax forms?
Federal income tax forms? Yes No State income tax forms? Yes No
If no, when did either of your parents last claim you as an exemption on a:
Federal income tax form? _____ State income tax form? _____

3. Does your parent or any other person currently claim you as a dependent or exemption for federal or state tax purposes?
Parent? Yes No Other Person? Yes; who? _____ No

* 4. Indicate the present means of your financial support and sustenance.

----- **ANNUAL SUPPORT** -----

Work: \$ _____ Spouse: \$ _____ Parent: \$ _____ Other Persons: \$ _____

Scholarships: \$ _____ Grants: \$ _____ Assistantships: \$ _____ Loans: \$ _____

Agency: \$ _____ Financial Institutions: \$ _____ Trusts: \$ _____ Other: \$ _____

For other, please explain. _____

When did your parent(s)/legal guardian last provide you with any of the above-listed support? Month _____ Year _____

Please provide any additional information not specifically requested on the list of supporting documents but which may explain the nature of the financial support available to you.

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V. INFORMATION IN SUPPORT OF DOMICILE

1. When did your present (i.e. your latest) stay in Kentucky begin? Date: _____

2. What was your primary reason for coming to Kentucky? _____

What is your primary reason for your being in Kentucky at this time? _____

3. What family do you have presently living in Kentucky? _____

4. Are you a citizen of the United States? (If yes, proceed to question number 5.) Yes No

If you are not a citizen of the USA, please list country of citizenship _____

* Are you a political refugee? Yes No

* Do you have a permanent visa? Yes No If yes, when did you receive approval for your status from the Office of Immigration and Naturalization Services? Month _____ Year _____

– continued –

* If you have a permanent visa card, please give the card number, the date issued and date of expiration.

Card Number: _____ Date issued: _____ Expiration Date: _____

* What type of visa do you hold? _____ * What is the status of your passport? _____

5. List places where you have lived for at least the past five years (beginning with your most recent address):

Date(s)		Number/Street	Place of Residence	
From	To		City	State
Mo/Yr	Mo/Yr			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. List the name of your high school, state located, and date of graduation or GED:

School Name: _____

City: _____ State: _____ Year of graduation _____

7. List educational institution(s) attended after high school (beginning with most recent institution):

Educational Institution	City/State	Residency for Dates Attended		Full/Part Time	Tuition Purposes (In-State or Out-of-State)
		From	To		
Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The Kentucky Educational Savings Plan was established as an investment program for beneficiaries to defray the cost of higher education in the Commonwealth of Kentucky. 13 KAR 2:045 provides for beneficiaries of this program to be granted residency status for tuition purposes, if they meet the criteria set forth in Section 9.

* 8. Are you receiving benefits from the Kentucky Educational Savings Plan, covered under a vested participation agreement? Yes No

* 9. Have you lived in Kentucky while enrolled in 6 or fewer hours for the 12 months preceding the first day of classes of the term for which you are applying? Yes No

* 10. Did you file a Kentucky state income tax return for either or both of the past two years? Yes No

If yes, please indicate year(s). _____

* 11. Have you accepted full-time employment or transfer to an employer in Kentucky? Yes No

Have you accepted full-time employment or transfer to an employer in an area contiguous to Kentucky while maintaining domicile in Kentucky?

Yes No

12. List your employers for the past five years (beginning with the most recent):

Dates		Employer	City/State	Average Number	
From	To			Hrs/Wk	Wk/Yr
Mo/Yr	Mo/Yr				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* 13. Do you have licensing or certification for professional or occupational purposes in Kentucky? Yes No

If yes, what type? _____

14. Have you paid the following taxes in Kentucky during the 12 months preceding the first day of classes of the term for which you are seeking determination of residency status?

* Occupational Yes No *Real property Yes No

* 15. What real property do you, your parents, legal guardian, or spouse own and in which state is it located? Indicate which property is used by you as a residence.

Property Owned By	Location of Property Owned	Used by Student for Residency (Y/N)	Dates Used as Residence From (Mo/Yr) To (Mo/Yr)
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_____	_____	_____	_____
_____	_____	_____	_____

* 16. Do you have a lease for 12 months or more for noncollegiate housing in Kentucky? Yes No

* 17. Do you operate a motorized vehicle in the state of Kentucky? Yes No

If yes, is this vehicle registered in your name? Yes No; owner's name _____

State in which vehicle is registered _____ Vehicle License Number _____

If you do not operate a vehicle, what is your means of transportation? _____

Number of miles you travel to campus _____ Number of miles you travel to work _____

* 18. Driver's License Number: _____ State in which license was issued: _____

19. Where do you live during school vacation periods? _____

* 20. Are you currently registered to vote? Yes; where _____ No

Have you ever been registered to vote in a state other than where you are currently registered? Yes; where _____ No

* 21. Are you now, or have you been, in the military? Yes No

If yes, please supply the following information.

When did you become an active member of the military? Month _____ Year _____

List active military service. (Exclusion of time spent in the Reserves) From: (month/year) _____ to: (month/year) _____

Was Kentucky your state of residency when inducted? Yes No (specify) _____

If no, what date, if any, did address change to Kentucky? Month _____ Year _____

Did you maintain, or are you maintaining, Kentucky as your legal residence while in the service? Yes No

Date of discharge: Month _____ Year _____



Section VI, Supporting Information, relates to the basis for your request for determination of residency status, and you should complete all relevant items in this section. Completion is required if your relationship to any individual mentioned is relevant to residency in Kentucky; however, some of this information may still be relevant if you are filing as an independent person in your own right.

VI. SUPPORTING INFORMATION

1. Parents

Father's Name: _____

Father's Permanent Address: _____

Father's Mailing Address: _____

City _____ State _____

Father's Telephone Number: (_____) _____

How many years (continuously) has your father been living in Kentucky, if at all? _____

* Provide the following information on your father's current employer:

Name: _____

Address: _____

Phone: (_____) _____

Date Current Employment Began: Month _____ Year _____

* Father's Visa Type, if applicable: _____

Mother's Name: _____

Mother's Permanent Address: _____

Mother's Mailing Address: _____

City _____ State _____

Mother's Telephone Number: (_____) _____

How many years (continuously) has your mother been living in Kentucky, if at all? _____

* Provide the following information on your mother's current employer:

Name: _____

Address: _____

Phone: (_____) _____

Date Current Employment Began: Month _____ Year _____

* Mother's Visa Type, if applicable: _____

2. **Legal Guardian** (complete if applicable)

Legal Guardian's Name: _____

Legal Guardian's Permanent Address: _____

Legal Guardian's Mailing Address: _____

City _____ State _____

Legal Guardian's Telephone Number: (_____) _____

How many years (continuously) has your legal guardian been living in Kentucky, if at all? _____

* Indicate date of guardianship: Month _____ Year _____

– continued –

* Provide the following information on your legal guardian's current employer:

Name: _____

Address: _____

Telephone Number: (_____) _____

Date legal guardian's current employment began: _____

* Guardian's Visa Type, if applicable: _____

Marriage to a Kentucky resident may be a factor in determination of your residency status Section 10 (2)(k). If your spouse has fulfilled requirements for residency and domicile in Kentucky, it is very important that this section be completed and accompanied by supporting documentation. If you are filing this application as an independent person in your own right, several items in this part of the affidavit may still be supportive of your own claim to residency and domicile.

3. **Spouse**

Name of spouse: _____

* Date of marriage: Month _____ Year _____

What family does spouse have presently living in Kentucky? _____

List of spouse's place(s) of residence for at least the past 5 years (beginning with the most recent address):

Dates		Number, Street	Place of Residence	
From (Mo/Yr)	To (Mo/Yr)		City	State

List the name of spouse's high school, state located, and date of graduation or GED:

School Name: _____ City: _____ State: _____

Date of Graduation or GED: Month _____ Day _____ Year _____

List educational institution(s) attended by spouse since high school (beginning with the most recent):

Educational Institution	City/State	Dates Attended		Full-time/Part-time	Residency for Tuition Purposes (In-State or Out-of-State)
		From Mo/Yr	To Mo/Yr		

List spouse's employer for the past 5 years (beginning with most recent):

Dates		Employer	City/State	Average Number	
From (Mo/Yr)	To (Mo/Yr)			Hrs/Wk	Hrs/Wk

* Did your spouse file a Kentucky state income tax return for either or both of the past two years? Yes No

If yes, please indicate years. _____

* Did your spouse file a federal or state income tax return as an independent person claiming you as an exemption?

Federal income tax forms? Yes No State income tax forms? Yes No

If yes, for what most recent year. _____

* Did either of your spouse's parents claim your spouse as a dependent for the tax year preceding the date of this application on federal or state income tax forms?

Federal income tax forms? Yes No State income tax forms? Yes No

If no, when did either of your spouse's parents last claim your spouse as an exemption on a: Federal income tax form? _____ State income tax form? _____

* Indicate your spouse's present means of financial support and sustenance.

ANNUAL SUPPORT

Work: \$ _____ **Parent:** \$ _____ **Spouse:** \$ _____ **Other Person:** \$ _____

Scholarships: \$ _____ **Grants:** \$ _____ **Assistantships:** \$ _____ **Loans:** \$ _____

Agency: \$ _____ **Financial Institutions:** \$ _____ **Trusts:** \$ _____ **Other:** \$ _____

For other, please explain. _____

When did your spouse's parent(s)/legal guardian last provide your spouse with any of the above-listed support? Month _____ Year _____

Please provide any additional information not specifically asked for on the list of supporting documents but which may explain the nature of the financial support available to your spouse.

* 4. **Military** Indicate which of the following individuals are, or have been, in the military.

Father Mother Guardian Spouse

When did this individual become an active member of the military? Month _____ Year _____

Active military service (exclude reserve time) from: Month _____ Year _____ to: Month _____ Year _____

Was Kentucky the state of residency at time of induction? Yes No (specify) _____

If no, what date, if any, did address change to Kentucky? Month _____ Year _____

Did the person maintain, or is the person maintaining Kentucky as the person's legal residence while in the service? Yes No

Date of discharge: _____



Comments:

If necessary, attach additional pages to describe other factors pertinent to your domicile and residency status.