

# Statement and Affidavit for Residency Classification at Kentucky Public Colleges and Universities

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
	Deadline
OATH AND AUTHORIZATION FOR USE OF RECOR  To the Student: This statement must be notarized directed to do so by a Notary.	DS l before returning. Do not sign this statement until you are
State of	
County of	
each of them is, true and correct. That any and all of	s as follows: That the foregoing statements and all supporting documents are, and my documents maintained by this institution may be released to the Committee or its ee or its representative in the determination of my status as a resident or nonresident detuition 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

	CH	HECK 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.	
II.	ENI	IROLLMENT 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:	
		Fall 20 Spring 20	
		Summer Session 20 Specify	
	3.	Are you currently enrolled in a Kentucky college or university?	
		If no, for which term do you plan to enroll? Term Year	
		If yes, which institution	
	4.	How many credit hours are you currently taking?, or will be taking?	
Ш	. PEI	RSONAL INFORMATION	
	1	Name	
	2		, etc.
	2.	Social Security Number	
	3.	Birthdate: Month Day Year	
	4.	State and Country of Birth	
	5.	Permanent Address	
		Number Street	
		City County State Z.	b
*	6.	Present Address	
		Number Street	
		City County State Z.	b
		To which address should this decision be sent: Permanent Present E-mail	
	7.	10 which address should this decision be sent.	
	7. 8.	Phone Number (including area code): Home () Work ()	

### 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?
		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?
		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: \$ Assistantships: \$ Loans: \$
		Agency: \$ Financial Institutbions: \$ Trusts: \$ Other: \$
		For other, please explain
		When did your parent(s)/legal guardian last provide you with any of the above-listed support? MonthYear
		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.
V.	<b>INI</b> 1.	FORMATION IN SUPPORT OF DOMICILE  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?
*		Do you have a permanent visa?
*		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?

Date(s)					
From Mo/Yr	To Mo/Yr	Number/St		of Residence City	St
List the name of your h	igh school, state located,	and date of oraduation	on or GED:		
•	ight school, state located,				
City		State	Yea	ar of graduation	
List educational instituti	on(s) attended after high	school (beginning wi	th most recent in	stitution):	
		Residency for Dates Attende			Tuition Due
Educational Institution	City/ State	From	u To Mo/Yr	Full/Part Time	Tuition Purp (In-State Out-of-Sta
provides for beneficiaries of this pro	s Plan was established as an investm ogram to be granted residency status j its from the Kentucky Eo No	for tuition purposes, if they mee	t the criteria set forth in .	Section 9.	
provides for beneficiaries of this produced Are you receiving benefit Yes	gram to be granted residency status fits from the Kentucky Ed No acky while enrolled in 6 o	for tuition purposes, if they mee	t the criteria set forth in .	Section 9.  a vested participation	n agreement?
Are you receiving benefit Yes	gram to be granted residency status fits from the Kentucky Ed No acky while enrolled in 6 o	for tuition purposes, if they mee ducational Savings Pla er fewer hours for the	n, covered under  12 months prece	Section 9.  The a vested participation of the first day o	n agreement?
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Are you receiving benefit Yes Yes Thave you lived in Kentu which you are applying?  Yes The Yes Thave you lived in Kentu which you are applying?  Yes The Yes Thave you file a Kentucky If yes, please indicate ye	its from the Kentucky Ed No acky while enrolled in 6 o No state income tax return is	for tuition purposes, if they mee ducational Savings Pla or fewer hours for the for either or both of t	n, covered under 12 months prece	Section 9.  The a vested participation of the first day o	n agreement?
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Are you receiving beneficiaries of this produced for beneficiaries of this produced in Yes	its from the Kentucky Ed No  acky while enrolled in 6 of No  state income tax return for transcrime employment or transcriptions.	ducation purposes, if they mee ducational Savings Plast refewer hours for the for either or both of the sfer to an employer in sfer to an employer in our on the most respectively.	n, covered under 12 months prece he past two years Kentucky?	Section 9.  The a vested participation of a	n agreement? classes of the te
Are you receiving beneficiaries of this produced for beneficiaries of this produced in Yes	its from the Kentucky Ed No  icky while enrolled in 6 of No  state income tax return for transime employment or transition emplo	ducation purposes, if they mee ducational Savings Plast refewer hours for the for either or both of the sfer to an employer in sfer to an employer in our on the most respectively.	n, covered under 12 months prece he past two years Kentucky? an area contigue cent):	Section 9.  The a vested participation of a	n agreement?  classes of the te  No  No  e maintaining  Average Number
Are you receiving beneficiaries of this produced for beneficiaries of this produced in Yes	its from the Kentucky Ed No  icky while enrolled in 6 of No  state income tax return for transime employment or transition emplo	ducation purposes, if they mee ducational Savings Plast refewer hours for the for either or both of the sfer to an employer in sfer to an employer in our on the most respectively.	n, covered under 12 months prece he past two years Kentucky? an area contigue cent):	Section 9.  The a vested participation of a	n agreement?  classes of the te  No  No  e maintaining  Average Number

	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 are seeking determination of residency status?	s of the term f	or which you
:		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 used by you as a residence.	l? Indicate whic	ch property is
		Property Location of Property Used by Student for Owned By Owned Residency (Y/N)		d as Residence (r) To (Mo/Yr)
:	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	k	
:	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?		
		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/y	ear)
		Was Kentucky your state of residency when inducted?		
		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 if your relationship to any individual mentioned is relevant to residency in Kentucky; however, some of this information may still be relevant if you come right.		

### VI. SUPPORTING INFORMATION

## **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: 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 **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 \_\_\_\_\_

Name							
Address							
Phone: ()_							
Date legal guardian's current employment began							
Guardian's Visa Type, if a	pplicable						
Marriage to a Kentucky resident may it is very important that this section b this part of the affidavit may still be	e completed and accompanied by	supporting documentation.					
Spouse							
Name of spouse							
Date of marriage: Month				Year			
What family does spouse	have presently living i	n Kentucky?					
From Mo/Yr	To Mo/Yr	Numb	er/Street	Place of Residence	City		
List the name of spouse's	high school, state loc	ated, and date of g	raduation or	GED:			
School Name							
City				State			
Date of Graduation or G		Day	У	Year _			
List educational institution	n(s) attended by spous	se since high schoo	ol (beginning	with the most recer	nt)		
Educational Institution	City/ State	Dates An From Mo/Yr	tended To Mo/Yr		ll/Part Fime	Tuition Pu (In-State Out-of-S	

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

	Dates	m								
Fro Mo/		To Mo/Yr	Emp	loyer		City/State			Average Hrs/Wk	Numbe
Did y	our spous	se file a Kentucky	state income t	tax return for e	either or both	of the past two	years?	Y	es	No
If yes	s, please ir	ndicate years								
Did y	our spous	se file a federal or	state income t	ax return as an	ı independent	person claimir	ng you as	an exem	ption?	
]	Federal inc	come tax forms?	Yes	☐ No	State inco	me tax forms?		Yes	☐ No	
If yes	s, for what	t most recent yea	r							
		our spouse's pare income tax form		spouse as a de	pendent for the	ne tax year pred	ceding th	ne date of	this applic	cation
]	Federal inc	come tax forms?	Yes	☐ No	State inco	me tax forms?		Yes	☐ No	
If no	, when die	d either of your s	pouse's parents	s last claim you	ır spouse as ar	n exemption on	ı a:			
]	Federal inc	come tax form?			State in	come tax form	?			
Indic	ate your s	pouse's present n	neans of finance	cial support and	d sustenance.					
ANI	NUAL SU	UPPORT								
Work:	\$	Spo	ouse: \$		Parent: \$		Other	Persons: \$		
Schola	rships: \$	(	Grants: \$		_ Assistantships:	\$		_Loans: \$		
Agenc	y: \$	Finar	ncial Institutbions:	\$	Trusts: \$	;		Other:	\$	
For c	other, pleas	se explain								
		spouse's parent(s	, 0 0				sted sup	port?		
	1	any additional int			uested on the	list of support	ing docu	ıments bı	ut which m	ay exp
tne n	ature of ti	he financial suppo	ort available to	you.						
Mılıta		te which of the fo	O	ŕ	ŕ	e military.				
L	Fathe	_	_	ardian 🗌 S	1					
		individual becom			-					
Activ	e military	service (exclude	reserve time) fi	rom: Month	Y	ear	to: Mor	nth	Year	r
Was 1	Kentucky	the state of resid	ency at time of	induction?	Yes	☐ No (spec	cify)			
If no	, what dat	e, if any, did add	ress change to	Kentucky? Mo	nth			Yea	r	
Did t	_	maintain, or is the	ne person main	itaining Kentuc	cky as the pers	son's legal resid	lence wh	ile in the	service?	

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