

# 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*

Application filed \_\_\_\_\_ Deadline \_\_\_\_\_

## 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.

## 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:  
 Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  
 Summer Session 20 \_\_\_\_\_ Specify \_\_\_\_\_
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. 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) \_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_
- \* 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	City	State
From Mo/Yr	To 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 Mo/Yr	To 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 Mo/Yr	To Mo/Yr			Hrs/Wk	Wk/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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* 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 \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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):

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

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/Part Time	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):

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

\* 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: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_ Parent: \$ \_\_\_\_\_ Other Persons: \$ \_\_\_\_\_

Scholarships: \$ \_\_\_\_\_ Grants: \$ \_\_\_\_\_ Assistantships: \$ \_\_\_\_\_ Loans: \$ \_\_\_\_\_

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

For other, please explain \_\_\_\_\_

When did your spouse's 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.

\_\_\_\_\_  
\_\_\_\_\_

\* 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 \_\_\_\_\_



