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 the 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 ______________________________________

For Office Use Only

Student __________________________________________________________ Decision: ________________________________________

Date application initially filed: ________________________________________ Effective Date: __________________________________

Date application completed: ________________________________________ By: _____________________________________________

Term for which application applies: __________________________________ Signed: __________________________________________

Institutional Official
I. BASIS FOR APPLICATION

Please indicate below the basis of your application for residency status for tuition and admission purposes. After checking the appropriate statement, please explain further in the section provided for additional comments pertinent to your residency status.

I have read the residency regulation "Determination of Residency Status for Admission and Tuition Assessment Purposes", 13 KAR 2:045, and I wish to request review of my status primarily on the basis indicated below:

_____ Independent person demonstrating domicile and residency in Kentucky.
_____ Dependent person seeking residency and domicile of resident _____ parent(s) or _____ legal guardian.
_____ Independent person seeking residency and domicile based on spouse’s residency and domicile in Kentucky.
_____ Seeking Kentucky residency status provided under Sections 2(3)(i) and 2(3)(j) 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) and year for which this application should be considered:
   □ Fall ______ Year
   □ Spring ______ Year
   □ Summer Term ______ Year
   □ Specify summer term ______ Year

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:  □ Undergraduate  □ Graduate  □ Law
   □ Medicine  □ Dentistry  □ Pharmacy
   How many credit hours are you currently taking? _______________. Or will be taking? _______________

II. PERSONAL INFORMATION

Please note that item No. 6, “present address” requires documentation. This may include either proof of housing ownership or long-term lease. Items marked with an (*) require documentation.

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

8. **Phone Number:**

   Home (___)_______   Work (___)_______
   Area Code  Number  Area Code  Number

9. **E-mail Address:**

   **************************************************************************************************************************

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**IV. DETERMINATION OF DEPENDENT/INDEPENDENT STATUS**

"Dependent" status and “independent” status are defined in Sections 1 (5) and 1 (10) of the “Determination of Residency Status for Admission and Tuition Assessment Purposes”. The criteria for claiming independent status may be documented pursuant to Section 2 (2) (b). A dependent person has the domicile of his or her parents; an independent person has the opportunity to establish domicile in Kentucky. Items marked with an (*) require documentation.

All tax forms must include filer’s name, signature and date.

* 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.

   Please see definition of sustenance in Section 1 (17) of the residency regulation. Please list dollar amounts for each category below. Amounts must be based on a calendar year.
## ANNUAL SUPPORT

<table>
<thead>
<tr>
<th>Work</th>
<th>Spouse</th>
<th>Parent</th>
<th>Other Person</th>
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<tr>
<th>Scholarships</th>
<th>Grants</th>
<th>Assistantships</th>
<th>Loans</th>
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<tr>
<th>Agency</th>
<th>Financial Institutions</th>
<th>Trusts</th>
<th>Other</th>
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</table>

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

Items marked with an (*) require documentation. This documentation may include, but not be limited to, the following: deeds, leases, letters from employers, income tax returns, property tax receipts, vehicle registrations, driver’s license, voter registration, and military records, etc.

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

   Month ___________  Day ___________  Year ___________

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?

   ____________________________________________________________________________

   Pursuant to section 2(3)(k) of the residency regulation, a person holding a permanent residency visa or classified as a political refugee shall establish domicile and residency in the same manner as any other person. In addition to holding a permanent residency classification, a person must clearly and convincingly demonstrate domicile.
4. Are you a citizen of the United States?  □ Yes  □ No
   (If yes, proceed to question number 5.)

   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)
   From  To
   Mo/Yr  Mo/Yr
   Place of Residence
   Number/Street  City  State
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. List the name of your high school, state located, and date of graduation or GED:
   School Name: ________________________________________________________________
   City: ___________________________  State: ___________________________
   Date of Graduation or GED: ________________________________
   Month  Day  Year

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

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

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
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 2(3)(n).

8. Are you receiving benefits from the Kentucky Educational Savings Plan, covered under a vested participation agreement?
   - Yes
   - No
   a. Have you maintained continuous residence in the Commonwealth of Kentucky for eight consecutive years while participating in the KESP program?
      - Yes
      - No
   b. Did you enroll in an institution of higher education in Kentucky prior to enrollment in any other educational institution?
      - 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

All tax forms must include filer’s name, signature and date.

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):

<table>
<thead>
<tr>
<th>Dates</th>
<th>Average Number</th>
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<tbody>
<tr>
<td>From Mo/Yr</td>
<td>To Mo/Yr</td>
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</table>
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 a 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.

<table>
<thead>
<tr>
<th>Property Owned By</th>
<th>Location of Property Owned</th>
<th>Used by Student for Residency (Y/N)</th>
<th>Dates Used as Residence From (Mo/Yr) To (Mo/Yr)</th>
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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

If no, in whose name is the vehicle registered? __________________________________________

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?

☐ Kentucky  ☐ Other (specify) __________________________
* 20. Are you currently registered to vote? ☐ Yes ☐ No
   
   If yes, where? ☐ Kentucky ☐ Other (specify) _______________
   
   Have you ever been registered to vote in a state other than where you are currently registered?
   
   ☐ Yes ☐ No
   
   If yes, where and when were you last registered? State _______________ Year _______________

Responses to the following items regarding military service may have some bearing on your classification if relevant to your situation.

* 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 _______________ to _______________
   Mo/Yr Mo/Yr
   
   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: ________________________________________________________________________________________________________

Telephone Number: (________) ____________________________________________________________________________________

Date legal guardian’s current employment began: _____________________________________________________________________

* Guardian’s Visa Type, if applicable: ________________________________________________________________________________

Section 2 (3) (c) of 13 KAR 2:045 provides for an independent person to establish residency for that person’s spouse. 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):

<table>
<thead>
<tr>
<th>Dates</th>
<th>Place of Residence</th>
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</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
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<td>(Mo/Yr)</td>
<td>(Mo/Yr)</td>
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</table>

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):

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>City/State</th>
<th>Dates Attended From</th>
<th>To</th>
<th>Residency for Tuition Purposes Full-time/Part-time</th>
<th>(In-State or Out-of-State)</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date(s) From</th>
<th>To</th>
<th>Employer</th>
<th>CityState</th>
<th>Average Number Hrs/Wk</th>
<th>Wk/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo/Yr</td>
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All tax forms must include filer’s name, signature and date.

* 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.

Please see definition of sustenance in Section 1 (17) of this residency regulation. Please list dollar amounts for each category below. Amounts must be based on a calendar year.
ANNUAL SUPPORT

Work Parent Other Person 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 requested on the list of supporting documents but which may explain the nature of the financial support available to your spouse.

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

* 4. Military (complete if either parent, guardian, or spouse is, or has been in the 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 ____________________ to ____________________

Mo/Yr Mo/Yr

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:

__________________________________________________________________________________________________________

******************************************************************************************************************************************

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