

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

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

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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 ____
 First Summer Session 20 ____ 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: Undergraduate Graduate Law
 Medicine Dentistry Pharmacy
How many credit hours are you currently taking? _____, or will be taking? _____

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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
8. Phone Number (including area code): Home (_____) _____ Work (_____) _____

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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):

From	Date(s)	To	Place of Residence

* 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.

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

* 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 .7699 -3.0545 TD -0.0005 Tc -0.02 Sum255 Tw [(If you do not operate a v

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 ha

* 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:**