



**For Office Use Only**

Student \_\_\_\_\_ Decision: \_\_\_\_\_

Date application initially filed: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Date application completed: \_\_\_\_\_ By: \_\_\_\_\_

Term for which application applies: \_\_\_\_\_ Signed: \_\_\_\_\_

Institutional Official

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

**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.

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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) 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:

- Check one: Undergraduate Graduate Law
Medicine Dentistry Pharmacy

How many credit hours are you currently taking? Or will be taking?

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**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.

- Name: Last First Middle Maiden, Jr., II, etc.
Social Security Number:
Birthdate: Month Day Year
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**

Work

Spouse

Parent

Other Person

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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**

*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):

| From<br>Mo/Yr | Date(s)<br>To<br>Mo/Yr | Number/Street | Place of Residence<br>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<br>Institution | City/<br>State | Dates<br>Attended |             | Full/<br>Part<br>Time | Residency for<br>Tuition Purposes<br>(In-State or<br>Out-of-State) |
|----------------------------|----------------|-------------------|-------------|-----------------------|--|
|                            |                | From<br>Mo/Yr     | To<br>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 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):

| Dates        |              | <u>Employer</u> | Average Number |              |
|--------------|--------------|-----------------|----------------|--------------|
| <u>From</u>  | <u>To</u>    |                 | <u>Hrs/Wk</u>  | <u>Wk/Yr</u> |
| <u>Mo/Yr</u> | <u>Mo/Yr</u> |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |
|              |              |                 |                |              |

\* 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.

| 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

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

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

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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: \_\_\_\_\_

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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):

| Dates        |            | Place of Residence |      |       |
|--------------|------------|--------------------|------|-------|
| From (Mo/Yr) | To (Mo/Yr) | Number, Street     | 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 |          | Residency for Tuition Purposes |                            |
|-------------------------|------------|----------------|----------|--------------------------------|----------------------------|
|                         |            | From Mo/Yr     | To Mo/Yr | Full-time/Part-time            | (In-State or Out-of-State) |
|                         |            |                |          |                                |                            |
|                         |            |                |          |                                |                            |
|                         |            |                |          |                                |                            |
|                         |            |                |          |                                |                            |
|                         |            |                |          |                                |                            |

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

| From Mo/Yr | Date(s)  |  | Employer | CityState | Average Number |       |
|------------|----------|--|----------|-----------|----------------|-------|
|            | To Mo/Yr |  |          |           | Hrs/Wk         | Wk/Yr |
|            |          |  |          |           |                |       |
|            |          |  |          |           |                |       |
|            |          |  |          |           |                |       |
|            |          |  |          |           |                |       |
|            |          |  |          |           |                |       |

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

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Comments: If necessary attach additional pages to describe other factors pertinent to your domicile and residency status:

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