for Residency Classification at WKU

Seeking	Deadline	
Reclassification	(DD/MM/YY)	
(Term/Year)		

Instructions:

- 13 KAR 2:045 should be read in its entirety before completing this form since the procedures and definitions of the regulation will be applied in determining residency classification.
- Answer <u>all questions</u> that apply to your situation and provide all the applicable documentation. If item is not applicable, indicate with "N/A".
- This should must be notarized before its submission.
- All items marked with an asterisk (*) must have accompanying documentation.

CONTACTINICORMATION	
CONTACT INFORMATION	
Name (Last, First, Middle)	WKU ID or SSN
Permanent Address	*Present Address
City State 7in Code	County
City, State, Zip Code	County
Email Address	
Email addresses of others you wish to be copied on email	communications

PRIOR EDUCATION				
High School or GED	City, State	Graduation/GED	(MM/YY)	
College (1)	City, State	Start (MM/YY)	End (MM/YY)	
College (1)	City, State	Start (Wilvi) 11)	Liid (Wilvi) 11)	
Status	Residency			
☐ Full Time	☐ In-State			
☐ Part Time	☐ Out-of-State			

College (2)	City, State	Start (MM/YY)	End (MM/YY)
Status	Pasidoney		
☐ Full Time	Residency □ In-State		
☐ Part Time	□ Out-of-State		
L l'ait line	□ Out of State		
College (3)	City, State	Start (MM/YY)	End (MM/YY)
Status	Residency		
☐ Full Time	☐ In-State		
☐ Part Time	□ Out-of-State		
College (4)	City, State	Start (MM/YY)	End (MM/YY)
Status	Residency		
☐ Full Time	☐ In-State		
☐ Part Time	☐ Out-of-State		
* KENTUCKY EDUCATIONAL SAVINGS	PLAN		
* The Kentucky Educational Savings P		n investment progra	m for beneficiaries to
defray the cost of higher education in			
beneficiaries of this program to be graset forth in 2(3)(n).	anted residency status fo	r tuition purposes, i	f they meet the criteria
Are you receiving benefits from the Ke agreement?	entucky Educational Savin _i	gs Plan, covered und	er a vested participation
□ Yes			
□ No			
Have you maintained continuous residuhile participating in the KESP program		lth of Kentucky for e	ight consecutive years
□ Yes			
□ No			

Basis of your application for residency	status:		
☐ Independent person demonstrating	domicile and residency in	County in	the state of
□ Dependent person demonstrating re □ Independent person seeking residen □ County in the state of □ Seeking Kentucky residency status th □ Seeking Kentucky residency based of	icy and domicile based on spouse's nrough duty in the armed forces (KA	residency and don AR 2:045, Section 7	nicile in 7).
If you have previously filed an application year:	on for determination of residency s	tatus, please indic	ate which term and
What is your primary reason for moving	g to this state for which you are clai	ming domicile?	
What is your primary reason for living in	n the state, for which you are claim	ing domicile, at thi	is time?
What family do you have presently livin	g in the state, for which you are cla	iming domicile?	
Have you lived in the state for which yo prior to the term for which you are app	-	lled half-time or le	ess within a year
☐ Yes ☐ No			
Where do you live during school vacation	on periods?		
☐ Kentucky ☐ Other, please specify:			
Please list the places where you have	lived for the past five years, beginn	ning with the most	recent.
Address	City/State	Start (MM/YY)	End (MM/YY)

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DEPENDENT/INDEPENDENT STATUS

Determination of Whether a Student is Dependent or Independent.

- (1) In a determination of residency status, an institution shall first determine whether a student is dependent or independent. This provision shall be predicated on the assumption that a dependent person lacks the financial ability to live independently of the person upon whom the student is dependent, and therefore, lacks the ability to form the requisite intent to establish domicile. A determination that a student is independent shall be one (1) step in the overall determination of whether a student is or is not a resident of Kentucky.
- (2) In determining the dependent or independent status of a person, the following information shall be considered, as well as other relevant information available when the determination is made:
- (a) 1. Whether the person has been claimed as a dependent on the federal or state tax returns of a parent or other person for the year preceding the date of application for a determination of residency status; or 2. Whether the person is no longer claimed by a parent or other person as a dependent or as an exemption for federal and state tax purposes; and
- (b) Whether the person has financial earnings and resources independent of a person other than an independent spouse necessary to provide for the person's own sustenance.
- (3) An individual who enrolls at an institution immediately following graduation from high school and remains enrolled shall be presumed to be a dependent person unless the contrary is evident from the information submitted.
- (4) Domicile may be inferred from the student's permanent address, parent's mailing address, or location of high school of graduation.
- (5) Marriage to an independent person domiciled in and who is a resident of Kentucky shall be a factor considered by an institution in determining whether a student is dependent or independent.
- (6) Financial assistance from, or a loan made by, a parent or family member other than an independent spouse, if used for sustenance of the student:
 - (a) Shall not be considered in establishing a student as independent; and
 - (b) Shall be a factor in establishing that a student is dependent.

` '	<u> </u>			
If someone has claimed	you as a dependent –	If you have filed as independent		
*Applicable taxes	Year (before current tax yr.)	*Applicable taxes	Year (before current tax yr.)	
*Federal *State		*Federal	* State	
Name of filer		Name of filer		
Can someone claim you	as a dependent on the		n you as a dependent on the	
current tax year?		current tax year?		
☐ Yes		☐ Yes		
□ No		□ No		
Name of filer	Relationship	Name of filer	Relationship	

Work	Spouse	Parent	Other Persons
\$	\$	\$	\$
Scholarships	Grants	Assistantships	Loans
\$	\$	\$	\$
Agency	Financial Institutions	Trusts	Other
\$	\$	\$	\$
	s)/legal guardian last provid	e you with any of the ab	ove-listed support?
·	litional information not spec may explain the nature of th	· ·	

Name (1) (Last, First, Middle)	Relationship	(circle one): N	Nother Father or	Legal Guardian
Permanent Address	Mailing add	ress (if differei	nt from permane	nt address)
Home phone number	Years at this permanent	address	*Visa type (if	not a US citizen)
Current Employer				
Name (2) (Last, First, Middle)	Relationship	(circle one): N	Лother Father or	Legal Guardian
Permanent Address	Mailing add	ress (if differei	nt from permane	nt address)
Home phone number	Years at this permanen	t address	*Visa type (if	not a US citizen)
Current Employer				
Please provide the information below	ı if your parent(s) or lega	l guardian has	been in the mili	tary.
elatives in the military (circle one):	Mother	Father	Legal guar	dian
nduction date (MM/YY) active Service ending (MM/YY)	Active service Discharge (M	e beginning (M M/YY)	M/YY)	
tate where inducted old this person maintain, or is this per esidency while in the service? INo		- idence in the s	tate for which yo	u are claiming
\square Yes, and he/she currently stationed	d in County			

*ARMED FORCES STATUS		
If <u>you</u> are now or have been in a	the military, please fill out the information	n below.
Induction date (MM/YY)	Active service beginning	g (MM/YY)
Active Service ending (MM/YY)	Discharge (MM/YY)	
State where inducted		
Beginning service (MM/YY)	Ending service (MM/YY)	
Did you maintain, or are you ma while in the service?	intaining legal residence in the state for w	hich you are claiming residency
□No		
\square Yes, and I am currently statio	ned in	
State of residency	County	
*VOTER STATUS Are you currently registered to v Yes – In what state? No Have you ever been registered t Yes – In what state? No	o vote in any other state?	
*DRIVER LICENSE STATUS If you operate a motor vehicle,	please fill out the information below	
Driver's License Number	State issuing driver's license	
License Plate number	State issuing registration	Vehicle registrant /owner

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EMPLOY	MENT STATI	US			
Current S	tatus				
Full-1	ime by Kent	tucky employer			
Part-	time by Ken	tucky employer			
Full-1	ime by an e	mployer in a state contigue	ous to Kentucky		
Part-	time by an e	employer in a state contigu	ious to Kentucky		
Full-1	ime in a sta	te <u>not</u> contiguous to Kentu	ıcky		
Part-	time in a sta	ite <u>not</u> contiguous to Kenti	ucky		
Not e	employed				
			, beginning with the most r	ecent.	_
Dates	Mo/Year	Employer	Location		ge Number
From	То	Company Name	City/State	Hrs/Wk	Wk/Yr
	ent – Transf				
*Have yo	u accepted	full-time employment or tr	ransfer to an employer in K	entucky?	
☐ Yes					
□ No					
*Have yo	u accepted	full-time employment or tr	ransfer to an employer in a	n area contiguous to	o Kentucky?
☐ Yes In	what state:				
□No					
*Do vou	have licensi	ng or certification for prof	essional or occupational pu	rposes in Kentucky	?
□ Yes		6		,	,
□ No					
*42,40,46	u paid accur	national tayor in Kontucley	during the 12 menths price	r tha first day of alas	sees of the torm
		pational taxes in Kentucky eking a determination of re	during the 12 months prior	the first day of clas	ises of the term
	i you are see	thing a determination of re	siucitly status!		
☐ Yes					
□ No					

*CITIZEN STATUS

If you are not a citizen of the United	States, please provide the inform	nation below.	
Country of citizenship			
Are you a political refugee (provide a ☐ Yes	copy of I-94)?		
□ No			
Are you a permanent resident (provid ☐ Yes	de a copy of the resident alien car	rd)?	
□ No			
Passport Status			
If you have a visa, please provide the	information below.		
Visa type	Visa card number		
Date issued (MM/YY)	Expiration date (MN	M/YY)	
SPOUSE Section 2 (3) (c) of 13 KAR 2:045 provise of the spouse has fulfilled re		_	= = = = = = = = = = = = = = = = = = = =
Section 2 (3) (c) of 13 KAR 2:045 provisions. If your spouse has fulfilled rethat this section be completed and a application as an independent person supportive of your own claim to residue.	equirements for residency and do occompanied by supporting documents in a second on in your own right, several item dency and domicile.	omicile in Kentucky, it mentation. If you are is in this part of the af	t is very important filing this fidavit may still be
Section 2 (3) (c) of 13 KAR 2:045 provisions. If your spouse has fulfilled rethat this section be completed and a application as an independent perso supportive of your own claim to residue.	equirements for residency and do accompanied by supporting documen in in your own right, several item dency and domicile.	omicile in Kentucky, it mentation. If you are as in this part of the af	t is very important filing this fidavit may still be
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Section 2 (3) (c) of 13 KAR 2:045 provisions. If your spouse has fulfilled rothat this section be completed and a application as an independent perso supportive of your own claim to residuate of Spouse: *Date of marriage (DD/MM/YY):	equirements for residency and do accompanied by supporting document in your own right, several item dency and domicile.	omicile in Kentucky, it mentation. If you are as in this part of the af	t is very important filing this fidavit may still be still be still be essidency?
Section 2 (3) (c) of 13 KAR 2:045 provisions. If your spouse has fulfilled rother that this section be completed and a application as an independent perso supportive of your own claim to residuate of Spouse: *Date of marriage (DD/MM/YY): What family does your spouse have personal content of the provision	equirements for residency and do accompanied by supporting document in your own right, several item dency and domicile.	omicile in Kentucky, it mentation. If you are as in this part of the af	t is very important filing this fidavit may still be still be still be essidency?
Section 2 (3) (c) of 13 KAR 2:045 provisions. If your spouse has fulfilled rother that this section be completed and a application as an independent person supportive of your own claim to residence. *Date of marriage (DD/MM/YY): What family does your spouse have publications. It is to five the spouse's place(s) of residence.	equirements for residency and doccompanied by supporting document in your own right, several item dency and domicile. Dresently living in the state for where the second	omicile in Kentucky, it mentation. If you are as in this part of the af nich you are claiming remaining with the most remainin	t is very important filing this fidavit may still be esidency?
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1		located, and date of graduat		
School Name:		Ctata		
Date of Graduation or (GED (WW/DD/VV)·	State:		
Date of Graduation of V	3LD (WIWI) DD/ 11)			
List educational institut	tion(s) attended by your sp	pouse since high school (beg	inning with the mo	st recent)
Educational Institution:	·			
City:		State:		
Dates Attended: From ((MM/YY)	To (MM/YY)		
☐ Full-time				
☐ Part-time				
Residency for fee purpo	oses			
☐ In-State				
☐ Out-of-State				
Educational Institution:				
City:		State:		
Dates Attended: From	(MM/YY)	To (MM/YY	")	
☐ Full-time				
☐ Part-time				
Residency for fee purpo	oses			
☐ In-State				
☐ Out-of-State				
Educational Institution				
		State:		
Dates Attended: From ((MM/YY)	To (MM/YY))	·
☐ Full-time				
☐ Part-time				
Residency for fee purpo	oses			
☐ In-State				
☐ Out-of-State				
		nning with the most recent):		
Dates Mo/Year	Employer	Location	•	e Number
From To	Company Name	City/State	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 — indicate years	
□ No	
Did your spouse file a federal or state income tax return as an independent persor	n claiming you as an
xemption?	6,7
Federal income tax form	
Yes – indicate most recent year	
] No – when did either of your spouse's parents claim your spouse as an exempti	on?
State income tax form	
Yes – indicate most recent year	
${}$ No – when did either of your spouse's parents claim your spouse as an exempti	on?
COMMENTS	
COMMENTS Please describe other factors pertinent to your domicile and residency status, if n	eeded.
	eeded.

for Residency Classification at WKU

Checklist for Submissions

Please check the items you will be supplying.
\square Copy of your driver's license (parent/guardian/spouse driver's license if dependent)
\square Proof of physical address listed on the affidavit (lease on apartment or house deed if homeowners)
\Box Income tax forms (parents if dependent or if student is claiming independent status recently) federal and state (last 2 calendar years)
\square Proof of present means of financial support and sustenance
\square Visa information or refugee documentation (if dependent, copy of parent's documentation also)
\square Proof of Kentucky Educational Savings Plan
\square Proof of employment
☐ Copy of vehicle registration
\square Copy of voter registration if registered to vote
\square If dependent, proof of parent's employment
\Box Letter on official company letterhead verifying job transfer and duties of employment for parent(s) or legal guardian(s)
\square Court order awarding guardianship if not dependent upon parents
$\hfill\square$ Copy of marriage license, if spouse information is relevant to your application
If you are or were in in the Armed Forces
\square Copy of your military orders showing resident, station or military discharge (DD-214)
<u>If you are not a US citizen</u>
☐ Proof you are a political refugee, and copies of your visa and passport

for Residency Classification at WKU

Please note Section 3 of 13 KAR 2:045, "Determination of Residency Status for Admission and Tuition Assessment Purposes."

Section 3. Penalty and Sanctions for Submission of False Documents. A student who gives incorrect or misleading information to institution officials may be subject to criminal prosecution and to such disciplinary sanctions as may be imposed by the institution through a policy written and disseminated to students.

A penalty or sanction because of incorrect information shall include but not necessarily be limited to the payment of nonresident Tuition for each academic term for which tuition was assessed based on an improper determination of residency status.

NOTARY SIGNATURE				
To the Student: This statement must be directed to do so by a Notary.	pe notarized before returning. Do not	sign this statement until you are		
State ofCounty of				
On this, the day of, 20, before me a notary public, the undersigned appeared (notary print student name here), personally known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.				
Applicant Signature		Date (MM/DD/YY)		
In witness hereof, I hereunto set my hand and official seal.				
Notary Public Signature		Date (MM/DD/YY)		
County of	My commission expires			
Seal/Stamp				