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 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.
☐ 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

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  ☐ Public Health
   ☐ Medicine  ☐ Dentistry  ☐ Pharmacy

   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?  [ ] 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? ________________________

List places where you have lived for at least the past five years (beginning with your most recent address):

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

List the name of your high school, state located, and date of graduation or GED:

School Name: ____________________________________

City: _______________________  State: ________________Year of graduation __________

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

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>Residency for Dates Attended</th>
<th>Tuition Purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/ State</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>______________________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

List your employers for the past five years (beginning with the most recent):

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

"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.

Are you receiving benefits from the Kentucky Educational Savings Plan, covered under a vested participation agreement?  

Yes  No

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

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). __________  __________

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):
13. Do you have licensing or certification for professional or occupational purposes in Kentucky?  
   □ Yes  □ No
   
   If yes, what type? __________________________________________________________

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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: ____________________________________________________

   — continued —
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 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 (Mo/Yr)</td>
<td>To (Mo/Yr)</td>
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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>Dates Attended</th>
<th>Residency for Tuition Purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From Mo/Yr</td>
<td>To Mo/Yr</td>
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<td></td>
<td>Part-time</td>
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<td>City/ State</td>
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<td>In-State</td>
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<td>Part-time</td>
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<td>Out-of-State</td>
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</table>

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer</th>
<th>City/State</th>
<th>Average Number Hrs/Wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>From (Mo/Yr)</td>
<td>To (Mo/Yr)</td>
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</table>

– continued –
* Did your spouse file a Kentucky state income tax return for either or both of the past two years?  
Yes ☐  No ☐

* 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?  ☐ Yes  ☐ No  State income tax form?  ☐ Yes  ☐ No

* Indicate your spouse’s present means of financial support and sustenance.

**ANNUAL SUPPORT**

<table>
<thead>
<tr>
<th>Work</th>
<th>Parent</th>
<th>Spouse</th>
<th>Other Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _____</td>
<td>$ _____</td>
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<table>
<thead>
<tr>
<th>Scholarships</th>
<th>Grants</th>
<th>Assistantships</th>
<th>Loans</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Financial Institutions</th>
<th>Trusts</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _____</td>
<td>$ _____</td>
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<td>$ _____</td>
</tr>
</tbody>
</table>

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 asked for on the list of supporting documents but which may explain the nature of the financial support available to your spouse.

_______________________________________________________________________________________________________________________

* 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: ____________________________________________

Comments:

If necessary, attach additional pages to describe other factors pertinent to your domicile and residency status.