STATEMENT AND AFFIDAVIT
FOR RESIDENCY CLASSIFICATION AT KENTUCKY PUBLIC COLLEGES AND UNIVERSITIES

The “Determination of Residency Status for Admission and Tuition Assessment Purposes” is to be used by each public college and university pursuant to KRS 164.020 and KRS 164.030 and is codified as 13 KAR 2:045. These institutions are Eastern Kentucky University, Kentucky State University, Morehead State University, Murray State University, Northern Kentucky University, University of Kentucky, University of Louisville, Western Kentucky University, and the Kentucky Community and Technical College System

GENERAL INSTRUCTIONS

Special instructions precede sections of the affidavit. These general instructions apply to the total affidavit.

- 13 KAR 2:045 should be read in its entirety before completing this affidavit; the procedures and definitions of the regulation will be applied in determining residency classification.
- Answer all questions and provide all applicable documentation as evidence to support your answers (see instructions).
- All questions marked with an asterisk (*) must have accompanying documentation.
- Answer all items in the affidavit. If an item is not applicable to your circumstance, indicate with “N/A”.
- This document must be signed and notarized before being submitted.
- Applications that are incomplete or without supporting documentation will be returned or denied, thereby jeopardizing the applicant’s adherence to schedules and deadlines (see instructions).
I. BASIS FOR APPLICATION

*Indicate below the basis of your application for residency status for tuition and admission purposes. If further explanation is needed use 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 Kentucky resident _____ parent(s) or _____ legal guardian.

_____ Seeking Kentucky residency status provided under Section 7 of 13 KAR 2:045. (Active 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 semester/year? ________________________________

2. Indicate the semester for which this application should be considered (check one):

   - [ ] Spring 20 __
   - [ ] Summer 20 __
   - [ ] Fall 20 __

*Note: The summer semester may offer various terms; however, the summer deadline is calculated from the first day of class of the first term only.*

3. Are you currently enrolled in a Kentucky college or university?  
   - [ ] Yes  
   - [ ] No  
   If no, which semester do you plan to enroll? ________________________________

   - [ ] Semier __________  
   - [ ] Year __________

   If yes, which institution:________________________________________________

4. Check one:  
   - [ ] Undergraduate  
   - [ ] Graduate  
   - [ ] Law

   - [ ] Medicine  
   - [ ] Dentistry  
   - [ ] Pharmacy

How many credit hours are you currently taking? __________, will be taking? __________
### III. PERSONAL INFORMATION

(Please print)

1. Name:  
   Last  
   First  
   Middle  
   Maiden, Jr., II, etc.

2. University Student ID Number: ____________________________

3. Birth date: (Mo/Day/Yr) ____________________________

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

   PLEASE NOTE: If you change your contact address after submitting this affidavit, you must inform the Registrar’s Office of your new contact information (address and phone number).

8. Phone Numbers:  
   Home (_______) __________________  
   Work (_______) __________________
   Area Code  
   Number  
   Area Code  
   Number

9. Primary Email Address  
   ________________________________________________
IV. **DETERMINATION OF DEPENDENT/INDEPENDENT STATUS**

“Dependent” status and “independent” status are defined in Sections 1(4) and 1(8) of the Residency Regulation. The criteria for claiming independent status must be documented pursuant to Section 5 of the Residency Regulation. A dependent person has the domicile of his or her parents; an independent person has the opportunity to establish domicile on his/her own merit in Kentucky.

ALL TAX FORMS MUST BE COMPLETE AND INCLUDE FILER’S W-2’s.

ALL ITEMS IN THIS AFFIDAVIT MARKED WITH AN (*) REQUIRE DOCUMENTATION.

*1. Have you filed 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, indicate the most recent year. ____________________

*2. Did you file a Kentucky state income tax return for either or both of the past two years?

☐ Yes ☐ No

If yes, indicate year(s). ___________ ___________

If not Kentucky, indicate in which state you filed ____________________

*3. 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? ________________

*4. 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
See definition of sustenance in Section 1 (16) of the Residency Regulation. List dollar amounts for each category below. Amounts must be based on a calendar year.

ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION

*5. Indicate the present means of your annual financial support and sustenance.

ANNUAL SUPPORT (NOT weekly or monthly)

<table>
<thead>
<tr>
<th>Employment</th>
<th>Spouse</th>
<th>Parent</th>
<th>Other Persons</th>
</tr>
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<td>$_______________</td>
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<th>Scholarships</th>
<th>Grants</th>
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<th>Financial Institutions</th>
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<th>Other</th>
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<tr>
<td>$_______________</td>
<td>$_____________</td>
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</table>

For other, provide explanation: ____________________________________________________________________________________________

When did your parent(s)/legal guardian last provide you with any of the above-listed support? (Mo/Yr)______________

Provide any additional information which may explain the nature of the financial support available to you.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

V. INFORMATION IN SUPPORT OF DOMICILE

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.

ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION

1. When did your present (i.e. your latest) stay in Kentucky begin? (Mo/Day/Yr) _________________________________

2. What was your primary reason for coming to Kentucky? _______________________________________________________

What is your primary reason for being in Kentucky at the present time? ___________________________________________

3. What family members do you have presently living in Kentucky? _______________________________________________
Pursuant to Section 8 (1)(a) 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 demonstrate domicile by a preponderance of evidence.

ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION

4. Are you a citizen of the United States? ☐ Yes (proceed to question number 5) ☐ No
   If you are not a citizen of the USA, please list country of citizenship ________________________________
   *
   If you have a permanent visa card, please give the visa number, the date issued and date of expiration:
   Visa Number: ___________________ Date issued: _______________ Expiration Date: _______________
   City and state you were living in when permanent visa card was issued ______________________________
   *
   What type of visa do you currently hold? ___________________ (you MUST provide a copy of OFFICIAL INS approval)
   *
   What is the status of your passport? ________________________

5. List places where you have lived for a minimum of the past five years (beginning with your most recent address) – provide copies of leases or mortgages for all Kentucky addresses:

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

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 the most recent institution):

   Educational Institution | City/State | From (Mo/Yr) To (Mo/Yr) | Full/Part Time | Tuition (In-State or Out-of-State)
   ______________________ | ______________________ | ______________________ | ______________________ | ______________________
   ______________________ | ______________________ | ______________________ | ______________________ | ______________________
   ______________________ | ______________________ | ______________________ | ______________________ | ______________________
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   ______________________ | ______________________ | ______________________ | ______________________ | ______________________
   ______________________ | ______________________ | ______________________ | ______________________ | ______________________
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 KRS 164A.330 (9).

**ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION**

**8.** Are you receiving benefits from the Kentucky Educational Savings Plan covered under a vested participation agreement?  
- [ ] Yes  
- [ ] No

  a. If yes, have you maintained continuous residence in Kentucky for eight consecutive years while participating in the KESP program?  
- [ ] Yes  
- [ ] No

  b. If yes, 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 in a nonstudent status for the 12 months preceding the first day of classes of the semester for which you are appealing?  
- [ ] Yes  
- [ ] No

**10.** Have you accepted full-time employment or transfer to an employer in Kentucky or in an area contiguous to Kentucky while maintaining domicile and residency in Kentucky?  
- [ ] Kentucky Yes  
- [ ] No  
- [ ] Contiguous Area Yes  
- [ ] No

**11.** List your employers for the past five years, beginning with your most recent employment (employment since moving to Kentucky MUST be documented with letter(s) from employer(s) on official letterhead and MUST include exact dates of employment, length of tenure, salary, number of hours worked per week, and number of weeks worked per year).

<table>
<thead>
<tr>
<th>Dates From (Mo/Yr) To (Mo/Yr)</th>
<th>Employer</th>
<th>City/State</th>
<th>Average Number Hrs/Wk Wks/Yr</th>
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**12.** Do you have licensing or certification for a professional and occupational purpose in Kentucky?  
- [ ] Yes what type? [ ] No

**13.** Have you paid the following taxes in Kentucky during the 12 months preceding the first day of classes of the semester for which you are seeking a determination of residency status?  

* Occupational  
- [ ] Yes  
- [ ] No (KY withholding tax)

* Real Property  
- [ ] Yes  
- [ ] No (Real Estate tax)

**14.** What real property (i.e., real estate) 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 permanent or temporary residence.

<table>
<thead>
<tr>
<th>Property Owned By</th>
<th>Address City/State</th>
<th>Used by Student as Residence (Y/N)</th>
<th>Dates Used as Residence From (Mo/Yr) To (Mo/Yr)</th>
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</table>

7. Revised May 2016
*15. Do you have a signed lease for 12+ months for noncollegiate housing in Kentucky?  [ ] Yes  [ ] No
   If no: [ ] I own my home*  [ ] I live in collegiate housing  [ ] I live with _______________________

*16. 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?  ____________________________  Relationship to owner __________

*17. State in which vehicle is registered ____________________________  Vehicle License Number _______________________

*18. If you do not operate a vehicle, what is your means of transportation? ____________________________

*19. Number of miles you travel to campus ____________________________  Number of miles you travel to work __________________

*20. Driver’s License Number: ____________________________  State in which license was issued: ____________________________

21. Where do you live during school vacation periods?  [ ] Kentucky  [ ] Other (specify) ____________________________

*22. 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 ____________

VI. SUPPORTING INFORMATION

Section VI, Supporting Information, relates to the basis for your request for determination of residency status outlined in Section I. Complete all items in this section. Completion is required if your relationship to any individual mentioned is relevant to residency in Kentucky; however, this information may also be relevant if you are filing as an independent person in your own right.

ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION IF YOU ARE FILING AS A DEPENDENT

1. Parents Information  REQUIRED

   Father’s Name: _____________________________________________________________

   Father’s Permanent Address: __________________________________________________
   Number    Street    City    State    Zip

   Father’s Mailing Address: ____________________________________________________
   Number    Street    City    State    Zip

   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:
Employer Name: ____________________________________________________________
Address: _________________________________________________________________
  Number  Street      City    State    Zip
Phone: ( _____ ) ____________________________
Date Current Employment Began: (Mo/Yr) ______________________________
* Father’s Visa Type, if applicable: __________________________________________

Mother’s Name: _____________________________________________________________
Mother’s Permanent Address: _________________________________________________
  Number  Street      City    State    Zip
Mother’s Mailing Address: _________________________________________________
  Number  Street      City    State    Zip
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:
Employer Name: ____________________________________________________________
Address: _________________________________________________________________
  Number  Street      City    State    Zip
Phone: ( _____ ) ____________________________ Date Current Employment Began: (Mo/Yr) ______________________________
* Mother’s Visa Type, if applicable: __________________________________________

2. Legal Guardian (complete if applicable)
Legal Guardian’s Name: _______________________________________________________
Legal Guardian’s Permanent Address: ___________________________________________
  Number  Street      City    State    Zip
Legal Guardian’s Mailing Address: ___________________________________________
  Number  Street      City    State    Zip
Legal Guardian’s Telephone Number: ( _____ ) ____________________________
How many years (continuously) has your legal guardian been living in Kentucky, if at all? __________
* Indicate date of United States court granted guardianship: (Mo/Yr) ________________
* Provide the following information on your legal guardian’s current employer:
Name: _________________________________________________________________
Address: _________________________________________________________________
  Number  Street      City    State    Zip
Telephone Number: ( _____ ) ____________________________
Date legal guardian’s current employment began: (Mo/Day/Yr) _____________________________
* Guardian’s Visa Type, if applicable: ___________________________________________
Marriage to a Kentucky resident is one criterion used in the determination of your residency status pursuant to Section 10 (2)(j) of the residency regulation. If your spouse is independent and has fulfilled requirements for residency and domicile in Kentucky, this section must be completed and accompanied by your spouse’s supporting documentation. If you are filing this application as an independent person in your own right, this information may also be supportive of your own claim to residency and domicile.

ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION

3. **Spouse Information**

Name of spouse: ___________________________________________________

* Date of marriage: (Mo/Yr)____________________

What family does spouse have presently living in Kentucky? _____________________________________________________

Pursuant to Section 8 (1)(a) 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 demonstrate domicile by a preponderance of evidence.

ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION

4. Is spouse a citizen of the United States? ☐ Yes (proceed to question number 5) ☐ No

If spouse is not a citizen of the USA, list country of citizenship ______________________________________________________

* Does spouse have a permanent visa? ☐ Yes ☐ No

If yes, when was status approved by the Office of Immigration and Naturalization Services? (Mo/Yr) ____________

City and state where spouse was living when permanent visa was issued? ____________________________________________

* If spouse has a permanent visa card, please give the visa number, the date issued and date of expiration:

Visa Number: _____________________ Date issued: _______________ Expiration Date: _______________

* What type of visa does spouse currently hold? _______________ (you MUST provide a copy of OFFICIAL INS approval)

* What is the status of spouse’s passport? ______________________

5. List the name of spouse’s high school, state located, and date of graduation or GED:

School Name: ____________________________

City _____________________________ State __________________ Country (if outside US) ____________

Date of Graduation or GED: (Mo/Yr) ________________

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

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>City/State</th>
<th>From (Mo/Yr) To (Mo/Yr)</th>
<th>Full/Part Time</th>
<th>Tuition (In-State or Out-of-State)</th>
</tr>
</thead>
<tbody>
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Revised May 2016
7. List places where your spouse has lived for a minimum of the past five years (beginning with their most recent address) - provide copies of leases or mortgages for all Kentucky addresses:

<table>
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<tr>
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<tr>
<td>From (Mo/Yr)</td>
<td>To (Mo/Yr)</td>
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8. List your spouse’s employers for the past 5 years, beginning with their most recent employment (employment since moving to Kentucky MUST be documented with letter(s) from employer(s) on official letterhead and MUST include exact dates of employment, length of tenure, salary, number of hours worked per week, and number of weeks worked per year).

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ALL TAX FORMS MUST BE COMPLETE AND MUST INCLUDE FILER’S W-2’s. ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION

* 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, indicate 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? ____________________
See definition of sustenance in Section 1 (16) of the residency regulation. List dollar amounts for each category below. Amounts must be based on a calendar year.

ITEMS MARKED WITH AN (*) REQUIRE DOCUMENTATION

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

**SPOUSE’S ANNUAL SUPPORT (NOT weekly or monthly)**

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<th>Employment</th>
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<th>Financial Institutions</th>
<th>Trusts</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

For other, provide explanation: __________________________________________________________

When did your spouse’s parent(s)/legal guardian last provide your spouse with any of the above-listed support?

(Mo/Yr) __________

Provide any additional information which may explain the nature of the financial support available to your spouse.

____________________________________________________________________________________

**VII. MILITARY INFORMATION**

Responses to the following items regarding military service may have some bearing on your classification if any part of Section 7 of the Residency Regulation is relevant to your situation. If military service is relevant, provide copies of military orders.

*1. Indicate which of the following individuals are, or have been, in the military.

☐ Student ☐ Father ☐ Mother ☐ Spouse

When did this individual become an active member of the military? (Mo/Yr) ____________________________

List dates of active military service (exclude time spent in the Reserves) From (Mo/Yr) _______ to (Mo/Yr) ________

* Was Kentucky the state of residency at time of induction? Yes ___ No (specify city/state) __________

* If yes, was Kentucky maintained as the legal home of record while in the service? ☐ Yes ☐ No

* If yes, did the individual file a Kentucky state income tax return for the past two years? ☐ Yes ☐ No

If no, what date, if any, did the individual’s address change to Kentucky? (Mo/Yr) ______________

* Date of discharge: (Mo/Yr) ______________ To what city and state was the individual discharged? ___________

* Are you currently utilizing any VA Educational Benefits? ☐ Yes ☐ No

If yes, provide a copy of your certificate of eligibility.
Comments: Please explain your circumstance for moving to the state of Kentucky and why you feel you are a Kentucky resident:
Section 3. (10) of 13 KAR 2:045, Determination of Residency Status: General Rules. An institution shall impose a penalty or sanction against a student who gives incorrect or misleading information to an institutional official, including payment of nonresident tuition for each academic semester for which resident tuition was assessed based on an improper determination of residency status. The penalty or sanction may also include: (a) Student discipline by the institution through a policy written and disseminated to students; or (b) Criminal prosecution.

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 THE 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 University officials or to the Residency Review Committee 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 ____________________, 20_____

____________________________________
Notary Public

My commission expires ________________________________

PLEASE REVIEW YOUR APPLICATION FOR A DETERMINATION OF RESIDENCY STATUS AND BE SURE YOU HAVE MET THE DEADLINE DATE FOR THE SEMESTER YOU ARE APPEALING. An application for a review of a determination of residency status shall be received in the Institutional Appeals Office no later than thirty (30) calendar days after the first day of class of the academic semester for which a determination of residency status is requested. Deadlines are posted on the university residency web site www.louisville.edu/residency. Deadlines may not be appealed. Residency appeals are not retroactive.

DO NOT SUBMIT AN AFFIDAVIT UNLESS IT IS ACCOMPANYED BY ALL APPROPRIATE DOCUMENTATION (See Instructions) AFFIDAVITS WITHOUT DOCUMENTATION WILL BE RETURNED. FAILURE TO INCLUDE DOCUMENTATION COULD RESULT IN A MISSED DEADLINE.

Have you:
• Answered every question?
• Included accurate dates?
• Provided complete financial support information?
• Indicated complete addresses?
• Completed the comments section giving an overview of your circumstances?
• Provided documentation to verify the information in the affidavit? (copies must be legible and include all essential information)
• Signed the appropriate section of the form in front of a notary? (see above)
• Obtained notarization of your signature? (see above)