



DO NOT WRITE IN THIS SECTION For Office Use Only

Name of Applicant _____	Case/File No _____		
Semester _____	School/College _____	Application Deadline _____	Date Filed _____
Determination _____	Level _____	Effective _____	Reference _____
Findings _____	Signed _____	Date _____	
Determination _____	Level _____	Effective _____	Reference _____
Findings _____	Signed _____	Date _____	
Determination _____	Level _____	Effective _____	Reference _____
Findings _____	Signed _____	Date _____	

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).

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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.

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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 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? _____
Semester 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? _____



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

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 _____

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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)

<u>Employment</u>	<u>Spouse</u>	<u>Parent</u>	<u>Other Persons</u>
\$ _____	\$ _____	\$ _____	\$ _____
<hr/>			
<u>Scholarships</u>	<u>Grants</u>	<u>Student Employment or Assistantships</u>	<u>Loans</u>
\$ _____	\$ _____	\$ _____	\$ _____
<hr/>			
<u>Agency</u>	<u>Financial Institutions</u>	<u>Trusts</u>	<u>Other</u>
\$ _____	\$ _____	\$ _____	\$ _____

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 (I)(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:

<u>Dates</u>	<u>Place of Residence</u>	<u>City</u>	<u>State</u>
<u>From (Mo/Yr) To (Mo/Yr)</u>	<u>Number/Street</u>		

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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):

<u>Educational Institution</u>	<u>City/State</u>	<u>From (Mo/Yr) To (Mo/Yr)</u>	<u>Full/Part Time</u>	<u>Tuition (In-State or Out-of-State)</u>
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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).

Dates		Employer	City/State	Average Number	
From (Mo/Yr)	To (Mo/Yr)			Hrs/Wk	Wks/Yr

*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.

Property Owned By	Address	City/State	Used by Student as Residence (Y/N)	Dates Used as Residence From (Mo/Yr)	To (Mo/Yr)

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):

<u>Educational Institution</u>	<u>City/State</u>	<u>From (Mo/Yr)</u>	<u>To (Mo/Yr)</u>	<u>Full/Part Time</u>	<u>Tuition (In-State or Out-of-State)</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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:

<u>Dates</u> <u>From (Mo/Yr) To (Mo/Yr)</u>	<u>Place of Residence</u> <u>Number/Street</u>	<u>City/State</u>

*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).

<u>Dates</u> <u>From (Mo/Yr) To (Mo/Yr)</u>	<u>Employer</u>	<u>City/State</u>	<u>Average Number</u> <u>Hrs/Wk-Wks/Yr</u>

***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)

<u>Employment</u>	<u>Parent</u>	<u>Other Person</u>	
\$ _____	\$ _____	\$ _____	
<u>Scholarships</u>	<u>Grants</u>	<u>Student Employment or Assistantships</u>	<u>Loans</u>
\$ _____	\$ _____	\$ _____	\$ _____
<u>Agency</u>	<u>Financial Institutions</u>	<u>Trusts</u>	<u>Other</u>
\$ _____	\$ _____	\$ _____	\$ _____

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.

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 ACCOMPANIED 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)