

**For Office Use Only**

Student \_\_\_\_\_

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

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

Date: \_\_\_\_\_

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

Case/File I.D.: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Institutional Official

**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  
 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
8. Phone Number (including area code): Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

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**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.

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

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**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? (If yes, proceed to question number 5.)  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 \_\_\_\_\_

\* 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	Date(s)	To	Place of Residence
_____			

\* 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 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.

<u>Property Owned By</u>	<u>Location of Property Owned</u>	<u>Used by Student for Residency (Y/N)</u>	<u>Dates Used as Residence From (Mo/Yr) To (Mo/Yr)</u>

\* 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 .7699 -3.0545 TD -0.0005 Tc -0.02 Sum255 Tw [(If you do not operate a v

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 \_\_\_\_\_

– 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 ha*

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\* 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.

### ANNUAL SUPPORT

Work: \$ \_\_\_\_\_      Parent: \_\_\_\_\_