



For Office Use Only

Student: _____

Decision: _____

Date application initially filed: _____

Date: _____

Date application completed: _____

Student ID: _____

Term for which application applies: _____

Signed: _____

OATH AND AUTHORIZATION FOR USE OF RECORDS

The undersigned person 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 the 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

DOCUMENTATION IS REQUIRED

All items marked with one asterisk (*) must have accompanying documentation. Applications without substantial and sufficient documentation will not be processed and will be considered incomplete.

Initial all items marked with two asterisks () to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."**

I. Basis for Application

Check one (required):

- ☐ 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.

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

**Lease/Deed Provided: Yes _____ No _____

* Must have accompanying documentation

**Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."

* 6. Present Address

_____ Number
Street

City County State Zip

**Lease/Deed Provided: Yes _____ No _____

7. UK Assigned E-mail Address: _____

8. Phone Number (including area code):

Home (_____) _____ - _____ Work (_____) _____ - _____

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? _____

**Federal Income Tax Return Provided: Yes _____ No _____

**State Income Tax Return Provided: Yes _____ No _____

* 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? _____

** Federal Income Tax Return Provided: Yes _____ No _____

** State Income Tax Return Provided: Yes _____ No _____

3. Does any other person currently claim you as a dependent or exemption for federal or state tax purposes?

☐ Yes; who? _____ ☐ No **If yes, tax return provided: Yes _____ No _____

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

**Monthly Budget Provided (Detailed list of monthly expenses, income, loans, etc.): Yes _____ No _____

ANNUAL SUPPORT

Work: \$ _____ Spouse: \$ _____ Parent: \$ _____ Other Persons: \$ _____

Scholarships: \$ _____ Grants: \$ _____ Assistantships: \$ _____ Loans: \$ _____

Agency: \$ _____ Financial Institutions: \$ _____ Trusts: \$ _____ Other: \$ _____

*** Must have accompanying documentation**

****Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."**

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? (If yes, proceed to questions 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, 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? _____

** Permanent Visa Provided: Yes _____ No _____

** Visa Card Provided: Yes _____ No _____

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

From Mo/Yr	To Mo/Yr	Number/Street	Place of Residence City	State
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* Must have accompanying documentation

**Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."

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

School Name: _____

City: _____ State: _____ Year of Graduation: _____

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

<u>Educational Institution</u>	<u>City/ State</u>	<u>Residency for Dates Attended</u>		<u>Full/Part Time</u>	<u>Tuition Purposes In-State/ Out-of-State</u>
		<u>From Mo/Yr</u>	<u>To Mo/Yr</u>		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

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

☐

Yes

☐

No

- * 9. 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

**Unofficial Transcript Provided: Yes _____ No _____

- * 10. 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). _____, _____

**Kentucky Tax Return Provided: Yes _____ No _____

- * 11. Have you accepted a full-time employment or transfer to an employer in Kentucky?

☐

Yes

☐

No

Have you accepted a full-time employment or transfer to an employer in an area contiguous to Kentucky while maintaining domicile in KY?

☐

Yes

☐

No

** Job Offer/Transfer Letter Provided: Yes _____ No _____

- * 12. List your employers for the past five years (beginning with the most recent):

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

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

* Must have accompanying documentation

**Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."

* 13. Do you have licensing or certification for professional or occupational purposes in Kentucky? ☐ Yes ☐ No

If yes, what type? _____

**Professional License/Certificate Provided: Yes _____ No _____

* 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

** Kentucky Tax Provided: Yes _____ No _____

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

* 16. Do you have a lease for 12 months or more for noncollegiate housing in Kentucky? ☐ Yes ☐ No

**Lease Provided: 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 _____

**Car Registration Provided: Yes _____ No _____

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: _____

**Driver's License Provided: Yes _____ No _____

19. Where do you live during school vacation periods? _____

* 20. Are you currently registered to vote? ☐ Yes; where _____ ☐ No

**Voter Registration Provided: Yes _____ No _____

*** Must have accompanying documentation**

****Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."**

*21. Are you now, or have you been, in the military? ☐ Yes ☐ No

When did you become an active member of the military? Month _____ Year _____

List active military service (exclusion of time spent in the Reserves)

From: (Mo/Yr) _____ to: (Mo/Yr) _____

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 _____

**L.E.S./Orders Provided: Yes _____ No _____

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

Parent #1's Name: _____

*Parent #1's Permanent Address:

_____ City _____ State _____

Parent #1's Mailing Address: _____

City _____ State _____

_____ Father's Telephone Number: (_____) _____ - _____

How many years (continuously) has your parent been living in Kentucky, if at all? _____

*Provide the following information on your parent's current employer:

Name: _____

Address: _____

Phone: (_____) _____ - _____

Date Current Employment Began: Month _____ Year _____

*Parent #1's Visa Type, if applicable: _____

**Parent #1's Lease/Deed Provided: Yes _____ No _____

**Parent #1's Letter from Employer Provided: Yes _____ No _____

*** Must have accompanying documentation**

****Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."**

****Parent #1's Visa Provided: Yes _____ No _____**

Parent #2's Name: _____

*Parent #2's Permanent Address: _____

City _____ State _____

Parent #2's Mailing Address: _____

City _____ State _____

Parent's Telephone Number: (_____) _____ - _____

How many years (continuously) has your parent been living in Kentucky, if at all? _____

*Provide the following information on your parent's current employer:

Name: _____

Address: _____

Phone: (_____) _____ - _____

Date Current Employment Began: Month _____ Year _____

*Parent's Visa Type, if applicable: _____

****Parent's Lease/Deed Provided: Yes _____ No _____**

****Parent's Letter from Employer Provided: Yes _____ No _____**

****Parent's Visa Provided: Yes _____ No _____**

2. Legal Guardian (Complete if applicable)

Legal Guardian's Name: _____

*Legal Guardian's Permanent Address: _____

City _____ State _____

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? _____

*Provide the following information on your legal guardian's current employer:

Name: _____

Address: _____

Phone: (_____) _____ - _____

*** Must have accompanying documentation**

****Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."**

Date Current Employment Began: Month _____ Year _____

* Legal Guardian's Visa Type, if applicable: _____

** Legal Guardian's Lease/Deed Provided: Yes _____ No _____

** Legal Guardian's Letter from Employer Provided: Yes _____ No _____

** Legal Guardian's Visa Provided: Yes _____ No _____

** Record of Court-Appointed Guardianship Provided: Yes _____ No _____

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 _____

** Marriage License/Certificate Provided: Yes _____ No _____

What family does your spouse have presently living in Kentucky? _____

List spouse's place(s) of residence for at least the past 5 years (beginning with the most recent address):

Dates		Place of Residence		
From	To	Number/Street	City	State
Mo/Yr	Mo/Yr			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the name of spouse's high school, state located, and date of graduation of GED.

School Name: _____

City: _____ State: _____ Date of Graduation or GED: _____

List educational institution(s) attended by spouse since high school (beginning with most recent institution):

Educational Institution	City/ State	Residency for Dates Attended		Full/Part Time	Tuition Purposes In-State/ Out-of-State
		From Mo/Yr	To Mo/Yr		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Must have accompanying documentation

**Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."

List spouse's employers for the past five years (beginning with the most recent):

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

*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. _____

** State Income Tax Return Provided: 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? _____

** Federal Income Tax Return Provided: Yes _____ No _____

** State Income Tax Return Provided: Yes _____ No _____

*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? _____

** Federal Income Tax Return Provided: Yes _____ No _____

** State Income Tax Return Provided: Yes _____ No _____

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

ANNUAL SUPPORT

Work: \$ _____ Spouse: \$ _____ Parent: \$ _____ Other Persons: \$ _____

Scholarships: \$ _____ Grants: \$ _____ Assistantships: \$ _____ Loans: \$ _____

Agency: \$ _____ Financial Institutions: \$ _____ Trusts: \$ _____ Other: \$ _____

*** Must have accompanying documentation**

****Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."**

For other, please explain: _____

When did your spouse's 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 your spouse.

*Spouse's Visa Type, if applicable: _____

**Spouse's Visa Provided: Yes _____ No _____

* 4. **Military** – Indicate which of the following individuals are, or have been, in the military.

☐ Parent_#1 ☐ Parent_#2 ☐ 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 _____

Do you qualify to receive Post 9/11 GI Bill Benefits? ☐ Yes ☐ No

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: _____

** L.E.S/Orders Provided: Yes _____ No _____

If documentation is not applicable to you or is unavailable at this time, please explain why below.

* Must have accompanying documentation

**Initial to indicate whether documentation is provided. If not applicable or not provided, initial next to "No."