

Statement and Affidavit for Residency Classification at WKU

Seeking Reclassification (Term/Year)		Deadline (DD/MM/YY)	
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Instructions:

- 13 KAR 2:045 should be read in its entirety before completing this form since the procedures and definitions of the regulation will be applied in determining residency classification.
- Answer all questions that apply to your situation and provide all the applicable documentation. If item is not applicable, indicate with "N/A".
- This should must be notarized before its submission.
- All items marked with an asterisk (*) must have accompanying documentation.

CONTACT INFORMATION	
Name (Last, First, Middle)	WKU ID or SSN
Permanent Address	*Present Address
City, State, Zip Code	County
Email Address	
Email addresses of others you wish to be copied on email communications	

PRIOR EDUCATION			
High School or GED	City, State	Graduation/GED (MM/YY)	
College (1)	City, State	Start (MM/YY)	End (MM/YY)
Status	Residency		
<input type="checkbox"/> Full Time	<input type="checkbox"/> In-State		
<input type="checkbox"/> Part Time	<input type="checkbox"/> Out-of-State		

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College (2)	City, State	Start (MM/YY)	End (MM/YY)
Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Residency <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State		
College (3)	City, State	Start (MM/YY)	End (MM/YY)
Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Residency <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State		
College (4)	City, State	Start (MM/YY)	End (MM/YY)
Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Residency <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State		

*** KENTUCKY EDUCATIONAL SAVINGS PLAN**

*** 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 2(3)(n).**

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

- Yes
 No

Have you maintained continuous residence in the Commonwealth of Kentucky for eight consecutive years while participating in the KESP program?

- Yes
 No

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RESIDENCY STATUS

Basis of your application for residency status:

- Independent person demonstrating domicile and residency in _____ County in the state of _____.
- Dependent person demonstrating residency and domicile of residence parents or legal guardians.
- Independent person seeking residency and domicile based on spouse's residency and domicile in _____ County in the state of _____.
- Seeking Kentucky residency status through duty in the armed forces (KAR 2:045, Section 7).
- Seeking Kentucky residency based on the Beneficiary of a Kentucky Educational Savings Plan Trust.

If you have previously filed an application for determination of residency status, please indicate which term and year:

What is your primary reason for moving to this state for which you are claiming domicile?

What is your primary reason for living in the state, for which you are claiming domicile, at this time?

What family do you have presently living in the state, for which you are claiming domicile?

Have you lived in the state for which you are claiming domicile, while enrolled half-time or less within a year prior to the term for which you are applying?

- Yes
- No

Where do you live during school vacation periods?

- Kentucky
- Other, please specify: _____

Please list the places where you have lived for the past five years, beginning with the most recent.

Address	City/State	Start (MM/YY)	End (MM/YY)

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* ANNUAL SUPPORT (supporting documentation required for all applicable areas)			
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?			
MM/YY _____			
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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SUPPORTING INFORMATION FOR DEPENDENT STATUS ONLY

If you filed as a dependent, please provide information about your parents or legal guardian.

Name (1) (Last, First, Middle)	Relationship (circle one): Mother Father or Legal Guardian	
Permanent Address	Mailing address (if different from permanent address)	
Home phone number	Years at this permanent address	*Visa type (if not a US citizen)
Current Employer		

Name (2) (Last, First, Middle)	Relationship (circle one): Mother Father or Legal Guardian	
Permanent Address	Mailing address (if different from permanent address)	
Home phone number	Years at this permanent address	*Visa type (if not a US citizen)
Current Employer		

Please provide the information below if your parent(s) or legal guardian has been in the military.

Relatives in the military (circle one): Mother Father Legal guardian

Induction date (MM/YY) _____ Active service beginning (MM/YY) _____
 Active Service ending (MM/YY) _____ Discharge (MM/YY) _____

State where inducted _____

Did this person maintain, or is this person maintaining legal residence in the state for which you are claiming residency while in the service?

No

Yes, and he/she currently stationed in _____

State of residency _____ County _____

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***ARMED FORCES STATUS**

If you are now or have been in the military, please fill out the information below.

Induction date (MM/YY) _____ Active service beginning (MM/YY) _____
Active Service ending (MM/YY) _____ Discharge (MM/YY) _____

State where inducted _____
Beginning service (MM/YY) _____ Ending service (MM/YY) _____

Did you maintain, or are you maintaining legal residence in the state for which you are claiming residency while in the service?

- No
 Yes, and I am currently stationed in _____
State of residency _____ County _____

***VOTER STATUS**

Are you currently registered to vote?

- Yes – In what state? _____
 No

Have you ever been registered to vote in any other state?

- Yes – In what state? _____
 No

***DRIVER LICENSE STATUS**

If you operate a motor vehicle, please fill out the information below

Driver's License Number _____ State issuing driver's license _____

License Plate number _____ State issuing registration _____ Vehicle registrant /owner _____

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EMPLOYMENT STATUS

Current Status

- Full-time by Kentucky employer
- Part-time by Kentucky employer
- Full-time by an employer in a state contiguous to Kentucky
- Part-time by an employer in a state contiguous to Kentucky
- Full-time in a state **not** contiguous to Kentucky
- Part-time in a state **not** contiguous to Kentucky
- Not employed

Please list your employers for the past five years, beginning with the most recent.

Dates Mo/Year		Employer	Location	Average Number	
From	To	Company Name	City/State	Hrs/Wk	Wk/Yr

Employment – Transfer

*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?

- Yes In what state: _____
- No

*Do you have licensing or certification for professional or occupational purposes in Kentucky?

- Yes
- No

*Have you paid occupational taxes in Kentucky during the 12 months prior the first day of classes of the term for which you are seeking a determination of residency status?

- Yes
- No

*CITIZEN STATUS

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If you are not a citizen of the United States, please provide the information below.

Country of citizenship _____

Are you a political refugee (provide a copy of I-94)?

- Yes
 No

Are you a permanent resident (provide a copy of the resident alien card)?

- Yes
 No

Passport Status _____

If you have a visa, please provide the information below.

Visa type _____ Visa card number _____
Date issued (MM/YY) _____ Expiration date (MM/YY) _____

SPOUSE

Section 2 (3) (c) of 13 KAR 2:045 provides for an independent person to establish residency for that person's spouse. 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.

Name of Spouse: _____

*Date of marriage (DD/MM/YY): _____

What family does your spouse have presently living in the state for which you are claiming residency? _____

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

Address	City/State	Start (MM/YY)	End (MM/YY)

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

School Name: _____

City: _____ State: _____

Date of Graduation or GED (MM/DD/YY): _____

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

Educational Institution: _____

City: _____ State: _____

Dates Attended: From (MM/YY) _____ To (MM/YY) _____

Full-time

Part-time

Residency for fee purposes

In-State

Out-of-State

Educational Institution: _____

City: _____ State: _____

Dates Attended: From (MM/YY) _____ To (MM/YY) _____

Full-time

Part-time

Residency for fee purposes

In-State

Out-of-State

Educational Institution: _____

City: _____ State: _____

Dates Attended: From (MM/YY) _____ To (MM/YY) _____

Full-time

Part-time

Residency for fee purposes

In-State

Out-of-State

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

Dates Mo/Year		Employer	Location	Average Number	
From	To	Company Name	City/State	Hrs/Wk	Wk/Yr

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*** Tax Forms**

All tax forms must include filer's name, signature and date.

*Did your spouse file a Kentucky state income tax return for either or both of the past two years?

- Yes – indicate years _____
- No

Did your spouse file a federal or state income tax return as an independent person claiming you as an exemption?

*Federal income tax form

- Yes – indicate most recent year _____
- No – when did either of your spouse's parents claim your spouse as an exemption? _____

*State income tax form

- Yes – indicate most recent year _____
- No – when did either of your spouse's parents claim your spouse as an exemption? _____

COMMENTS

Please describe other factors pertinent to your domicile and residency status, if needed.

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Checklist for Submissions

Please check the items you will be supplying.

- Copy of your driver's license (parent/guardian/spouse driver's license if dependent)
- Proof of physical address listed on the affidavit (lease on apartment or house deed if homeowners)
- Income tax forms (parents if dependent or if student is claiming independent status recently) federal and state (last 2 calendar years)
- Proof of present means of financial support and sustenance
- Visa information or refugee documentation (if dependent, copy of parent's documentation also)
- Proof of Kentucky Educational Savings Plan
- Proof of employment
- Copy of vehicle registration
- Copy of voter registration if registered to vote
- If dependent, proof of parent's employment
- Letter on official company letterhead verifying job transfer and duties of employment for parent(s) or legal guardian(s)
- Court order awarding guardianship if not dependent upon parents
- Copy of marriage license, if spouse information is relevant to your application

If you are or were in in the Armed Forces

- Copy of your military orders showing resident, station or military discharge (DD-214)

If you are not a US citizen

- Proof you are a political refugee, and copies of your visa and passport

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Please note Section 3 of 13 KAR 2:045, "Determination of Residency Status for Admission and Tuition Assessment Purposes."

Section 3. Penalty and Sanctions for Submission of False Documents. A student who gives incorrect or misleading information to institution officials may be subject to criminal prosecution and to such disciplinary sanctions as may be imposed by the institution through a policy written and disseminated to students.

A penalty or sanction because of incorrect information shall include but not necessarily be limited to the payment of nonresident Tuition for each academic term for which tuition was assessed based on an improper determination of residency status.

NOTARY SIGNATURE

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 _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned appeared (notary print student name here) _____, personally known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Applicant Signature

Date (MM/DD/YY)

In witness hereof, I hereunto set my hand and official seal.

Notary Public Signature

Date (MM/DD/YY)

County of _____ My commission expires _____

Seal/Stamp