UW Tacoma Residency Questionnaire documentation checklist for <u>financially dependent</u> students.

Student Name (last, first)	**UW student number (if available)**	**UW email address (if available)**

You must include this completed checklist with your completed Residency Questionnaire and supporting documentation. *Your questionnaire will not be reviewed if this checklist or required documentation is not submitted.*

Submission of the documentation listed below is necessary for the Residency Office to review your questionnaire. The Residence Classification Office may require additional documentation or clarification in order to determine whether you have met the requirements showing qualification for residency for tuition purposes. Submitting the Residency Questionnaire, this checklist, and any supporting documentation does not guarantee residency for tuition purposes. Submitting this checklist is not a substitute for submitting a completed Residency Questionnaire and providing supporting documentation.

By initialing each required item, I am certifying that I have read the required items and understand I and my parent(s)/legal guardian(s) must provide the required documentation listed for the University of Washington Residence Classification Office to review my residency questionnaire.

1. **Documentation of your financially dependent status.** Acceptable documents include:
   - A copy of the federal IRS tax return signature page and the listing of dependents of the parent(s) or legal guardian(s) who claimed you as a dependent for the most recent tax year; OR
   - A signed, notarized statement from your parent(s) or legal guardian(s) indicating that you will be claimed on their federal IRS tax return for the most recent tax year (if taxes have not yet been filed), OR
   - Other documentation showing that you are financially dependent upon your parent(s), legal guardian(s) or another person (such as evidence they are paying for your tuition, housing, or living expenses).

   INITIALS _____

2. **Documentation showing that your parent(s)/legal guardian(s) resided within the state of Washington for the *entire 12-month period* prior to the first day of the quarter in which you are seeking residency.** Acceptable documents include:
   - A copy of the first and signature page of their lease or rental agreement, OR
   - Copies of rent receipts or tenant ledger from landlord, OR
   - A notarized letter from their landlord (OR person they lived with), OR
   - A home purchase agreement showing the physical address of the home and date of closing.

   INITIALS _____

3. **Documentation of your parent(s)/legal guardian(s)'s physical presence in the state of Washington for the *entire 12-month period* prior to the first day of the quarter in which you are seeking** residency. Note that the housing documentation above is **not** sufficient to show a parent or guardian's physical presence; however, different forms of documentation can be combined to cover the 12-month period in question. Acceptable documents include:
   - Pay stubs or signed employer letter on letterhead showing employment in the state, OR
   - Bank/Credit Card records showing physical transactions that the person has made in the state.

   INITIALS _____

4. **State of Washington voter's registration** for your parent(s)/legal guardian(s) *if they are currently registered to vote*. Acceptable documents include:
    - A copy of their official voter's registration card, OR
    - A copy of the information from the Secretary of State website found here, OR
    - A statement from the county auditor indicating the date registered

    INITIALS _____ NOT PROVIDED (REASON) _____

5. **State of Washington vehicle registration** if your parent(s)/legal guardian(s) ***owns or is using*** a vehicle in the state. Residents of the State of Washington are required to title and register their vehicle(s) within 30 days of moving to and establishing a domicile in the state. Acceptable documents include:
    - A copy of the vehicle registration (a copy of the title is not accepted as proof for residency purposes). *Note: If the vehicle was purchased less than 12 months prior to the term you are seeking residency, you must provide a copy of the bill of sale in addition to the vehicle registration.*

    INITIALS _____ NOT PROVIDED (REASON) _____

6. **State of Washington driver's license *or* State of Washington identification card** for parent(s)/legal guardian(s). Residents of the State of Washington are required obtain a State of Washington driver's license or state identification card within 30 days of moving to and establishing a domicile in the state.

    INITIALS _____ NOT PROVIDED (REASON) _____

7. **Documentation of banking and financial relationships in Washington –** If your parent(s) or legal guardian(s) have a bank account, please provide documentation of when and where that account was established.

    INITIALS _____ NOT PROVIDED (REASON) _____

8. **Non-US Citizens -** If you and/or your parent(s)/legal guardian(s) are not a U.S. citizen, but hold permanent or temporary resident status, or "Refugee-Parolee," "Conditional Entrant" status, or are permanently residing in the United States under color of law, attach a copy of both sides of the Resident Alien Card, Temporary Resident Card or other verification of status with USCIS.

    INITIALS _____ NOT PROVIDED (REASON) _____

9. **Other supporting documentation.** If applicable, submit additional documentation, for example, business or professional licenses, as described in Section 3.10-11 of the Residency Questionnaire.

    INITIALS _____ NOT PROVIDED (REASON) _____

10. **Both student and parent/legal guardian must sign and date Section 3 on page two of the questionnaire.** Note that Section 3 of the Residency Questionnaire should be completed by your **parent or legal guardian.**

    INITIALS _____
    NAME of person completing section 3 _____
    Relationship to you: _____

Note: Unless specified otherwise, parent(s) refers to the parent domiciled in the State of Washington, and legal guardian(s) refers to a court-appointed legal guardian.

UNIVERSITY OF WASHINGTON

WASHINGTON INSTITUTIONS OF HIGHER EDUCATION RESIDENCE QUESTIONNAIRE

RESIDENCE CLASSIFICATION OFFICE

UNIVERSITY OF WASHINGTON
Office of the Registrar
Box 358400
Tacoma,Washington 98402

Directions: Please print clearly and answer each question. Incomplete or illegible forms cannot be considered and will be returned. All information will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Once a domicile is established in Washington it must continue for a year before you are eligible for resident function. **Complete form in full and attach required documentation.**

SECTION 1

Name (Last)	(First)	(M.I.)	Phone Number – –
Address (Street)	(City) (State)	(ZIP)	Student Number
E-mail Address	Birth City, State, Country		Birth Date

1. Name of Last High School Attended _____ State _____ Year Graduated_____

2. For what term are you now seeking residence classification?

   Year **20**____ ☐ Fall ☐ Winter ☐ Spring ☐ Summer

   If you have previously applied at this institution for a change in residence status, indicate:

   Term _____ Year _____

3. Class Standing

   ☐ Undergraduate ☐ Graduate ☐ Professional School: _____

4. At this Institution I am or will be enrolled as a:

   ☐ New Student ☐ Continuing Student ☐ Returning Former Student

   If continuing or former student, give number of credit hours for which you were registered during each of the last three terms and identify each term by session and year:

   Credit_____ Term_____ Year_____ | Credit_____ Term_____ Year_____ | Credit_____ Term_____ Year_____

FOR OFFICE USE ONLY

Type	U G P N C R
Status	DEP INDEP
Today's Date	
Effective Date	
	Resident Non-Res
Residence Classification Officer	☐ ST ☐ UG ☐ OTHER

5. Country of citizenship:

   If not USA, answer 5a, 5b and 5c.

   5a. Do you hold permanent or temporary resident immigration status? ☐ Yes ☐ No
   5b. Do you hold "Refugee-Parolee," "Conditional Entrant" or PRUCOL status? ☐ Yes ☐ No
   5c. Do you hold a visa classification of A, E, G, H-1, I, K, or L? ☐ Yes ☐ No

   Note: An immigrant refugee, and the spouse and dependent children of such refugee, may be exempted from paying the nonresident tuition fees differential if the refugee (a) is on parole status, (b) has received an immigrant visa, or (c) has applied for U.S. citizenship.

   If yes to any of the above, you must attach a copy of both sides of Resident Alien Card, Form I-94, or other documentation. (If you are not a citizen of the United States and do not hold permanent or temporary resident immigration status, "Refugee-Parolee", "Conditional Entrant", PRUCOL status or an A, E, G, H-1, I, K, or L visa, you cannot be classified as a resident.)

6. Have you received financial assistance from a state or government unit or agency thereof during the **past** twelve months? ☐ Yes ☐ No

   If yes, indicate state or agency, type of assistance, disbursement dates, etc.

7. Will you be receiving state financial assistance during the **next** twelve months? ☐ Yes ☐ No

   If yes, indicate state or agency, type of assistance, disbursement dates, etc.

SECTION 2

1. Are you applying for resident status **as a dependent student** whose parent or court-appointed legal guardian has maintained a bona fide domicile in the State of Washington for at least one year? ☐ Yes ☐ No

   If yes, your parent or legal guardian must complete SECTION 3 of this form, providing proof of his/her Washington domicile and all requested supporting documentation. Verification of your dependent status must be documented by submitting a true and correct copy of your parent's or legal guardian's state and federal income tax return for the most recent tax year. The extent of the disclosure required concerning the parent's or legal guardian's state and federal tax returns is limited to the listing of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.

2. Are you applying for resident status **as a financially independent student?** ☐ Yes ☐ No

   If yes, you must complete Section 3 of this form and provide all requested supporting documentation.

2a. **Student's Sworn Statement:**

I have not been and will not be claimed as an exemption for federal income tax purposes by any person except myself or my spouse for the current calendar year and for the calendar year immediately prior to the year in which this application is made. I have not received and will not receive financial assistance in cash or in kind of an amount equal to or greater than that which would qualify me to be claimed as an exemption for income tax purposes by any person except myself or my spouse during the current year immediately prior to the year in which this application is made.

Signature _____ Date _____

2b. **To further substantiate your financial independence, you are required to submit appropriate documentation, including but not limited to the following:**

- A true and correct copy of your state and federal income tax return for the calendar year immediately prior to the year in which this application is made. If you did not file a state or federal income tax return because of minimal or no taxable income, documented information concerning the receipt of such nontaxable income must be submitted.
- A true and correct copy of your W2 form filed for the previous calendar year.
- Other documented financial resources. Such other resources may include but are not limited to, the sale of personal or real property, trust fund, state or financial assistance, gifts, or earnings of the spouse of a married student.
- If you are 24 or younger, provide a true and correct copy of the first and signature page of the state and federal tax return of your parents, legally appointed guardians, or person(s) who have legal custody of you for the calendar year immediately prior to the year in which this application is made. The extent of the disclosure required concerning the parent's or legal guardian's state and federal tax returns is limited to the listing of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.

SECTION 3 Do not leave any questions blank. No decision can be made unless all questions are completed and all required documentation is submitted.

1. This section is being completed and signed by:

☐ Parent ☐ Court-Appointed Legal Guardian

Date of your arrival in Washington: Month _____ Day _____ Year _____

Date you took action to officially declare Washington as your permanent, legal domicile: Month _____ Day _____ Year _____

Purpose of moving to Washington:

2. List chronologically your employment and physical residence for the last two years giving exact information as requested below. If you were not employed, list your physical residence for the last two years. Attach additional page if necessary.

DATES OF EMPLOYMENT		LOCATION	OCCUPATION	HOME ADDRESS
Mo. Day Yr.	Mo. Day Yr.	City State	Employer Hrs/wk	Street City State
From	To			
From	To			
From	To			

Note: You must provide proof of your physical presence in Washington the past 12 months (e.g. work stubs, letter from employer (on letterhead), transcripts, verification of weekly volunteer work, debit/credit card statements showing purchases made in Washington, lease agreement, etc).

3. If you were out of Washington during the last 12 months, give dates and reasons for your absence.

DATES OF ABSENCE		LOCATION	PURPOSE OF ABSENCE
Mo. Day Yr.	Mo. Day Yr.	City State	
From	To		
From	To		
From	To		

4. Have you ever registered to vote in any state? ☐ Yes ☐ No

If yes, attach a copy of your current voter's card.

If yes, list date, city and state for your last two registrations.

Date_____ City_____ State_____ Date Voted_____

Date_____ City_____ State_____ Date Voted_____

5. Do you own or **use** any motor vehicles, RV's, boats or mobile homes in any state? ☐ Yes ☐ No

If yes, give type of vehicle, license number, state and dates of registry. You must attach a copy of vehicle registration (not the title).

Type of vehicle_____ License Number_____ State _____ Date of Purchase_____ Date of Registry _____

Type of vehicle_____ License Number_____ State _____ Date of Purchase_____ Date of Registry _____

6. Do you have a driver's license in any state? ☐ Yes ☐ No

If yes, you must attach a copy of your driver's license.

If yes, in what state? _____

When did you first obtain a driver's license in that state? Date _____

Previous driver's license? ☐ Yes ☐ No

If yes, in what state? _____

When did you first obtain a driver's license in that state? Date _____

7. Do you have a bank account? ☐ Yes ☐ No

If yes, please attach documentation of account.

If yes, since what date? _____

Name of Bank_____ Branch_____

City_____ State_____

8. Have you ever paid instate tuition at any public institution of higher education? ☐ Yes ☐ No

If yes, date of last term_____

Name of Institution_____

Date Attended: From _____ To _____

8a. Have you ever attended a Washington college/university for more than 6 hours per term? ☐ Yes ☐ No

Date Attended: From _____ To _____

9. Are you a U.S. citizen? ☐ Yes ☐ No

If no, attach a copy of your U.S. Permanent Resident card, I-94 or other immigration documentation.

10. List business or professional licenses (name & state of issue):

11. Other (evidence of coverage for medical, life, automobile or property insurance, state licenses such as hunting or fishing, etc.) Explain:

NOTICE: **Residence questionnaires requesting a change in residence classification shall be accepted up to the thirtieth calendar day following the first day of the quarter/semester for which application is made. Questionnaires received after that date shall be considered to have been filed as of the first day of the subsequent quarter/semester.**

STATEMENT OF INTENT

I certify that it is my intention to make Washington my true, fixed, and permanent place of habitation.

CERTIFICATION

I certify that the foregoing is true and correct.

Signature of Parent (if completing SECTION 3) _____ Date _____

Address (Street, City, State)_____

Signature of Student _____ Date _____

RESET FORM