



**WASHINGTON INSTITUTIONS OF HIGHER EDUCATION
RESIDENCE QUESTIONNAIRE**

Residence Office
3000 Landerholm Circle SE
Bellevue, WA 98007-6484

Directions: Please print clearly and answer each question. Incomplete or illegible forms cannot be considered and will be returned. Falsification or intentionally erroneous information is subject to perjury under the laws of the State of Washington, RCW 9A.72.085. 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 one year before you are eligible for resident tuition.

SECTION 1

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|---|--|----------------------------|---|---|--------|
| Name (Last, First, MI) | | Day Phone Number () | | FOR OFFICE USE ONLY | |
| Address (Street, State, Zip) | | Student ID Number | | Type | Status |
| E-mail Address | | Birth City, State, Country | | <input type="checkbox"/> DEP <input type="checkbox"/> INDEP | |
| | | Birth Date | Age | Today's Date | |
| 1. Last high school attended _____ State _____ Year Graduated _____ | | | | Effective Date | |
| 2. For what term are you now seeking residence classification? Year 20__ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer | | | | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident | |
| If you have previously applied at this institution for a change in residence status, indicate: Term _____ Year _____ | | | | | |
| 3. Class Standing: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional School: _____ | | | | Residence Classification Officer _____ | |
| 4. At this institution, you are or will be enrolled as a: <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/> 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: Credits _____ Term _____ Year _____ Credits _____ Term _____ Year _____ Credits _____ Term _____ Year _____ | | | | | |
| 5. Country of citizenship: | | | 5a. Do you hold permanent or temporary resident immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If not USA, answer 5a, 5b and 5c. | | | 5b. Do you hold "Refugee-Parolee," "Conditional Entrant" or PRUCOL status? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | 5c. Do you hold a visa classification of A, E, G, H-1, I, K, or L? <input type="checkbox"/> Yes <input type="checkbox"/> 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. | | | <i>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.)</i> | | |
| 6. Have you received financial assistance from a state governmental unit or agency during the past twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, indicate state, agency, type of assistance, disbursement dates, etc. | | |
| 7. Will you be receiving state financial assistance during the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, indicate state, agency, type of assistance, disbursement dates, etc. | | |

SECTION 2

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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>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.</i> |
| 2. Are you applying for resident status as a financially Independent student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>If yes, you must complete Section 3 of this form and provide all requested supporting documentation.</i> |
| 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; and 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 and for the calendar 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. | | |
| <ul style="list-style-type: none"> 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 or persons 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. | | |
| 3. Are you on active duty military stationed in the state of Washington or the spouse or dependent of such a person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4. Did you spend at least 75% of both your junior & senior years in a Washington state high school, and did you enroll in a Washington state college within 6 months of leaving high school, and were your parents/legal guardians domiciled in Washington for at least 1 year within the 5-year period before you graduated from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

SECTION 3

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| 1. This section is being completed and signed by: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Student | 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: |
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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 |
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Note: You must provide proof of your physical presence in Washington the past 12 months (e.g. copies of rent receipts, lease or home purchase agreements, cancelled rent checks, letter from landlord, letter from employer, 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 |
| | | | | | | | |
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| 4. Have you ever registered to vote? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ |
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| 5. Do you own or use any motor vehicles, RV's, boats or mobile homes? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Registry _____ Type of vehicle _____ License Number _____ State _____ Date of Registry _____ |
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| 6. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, you must attach a copy of your current driver's license. | If yes, in what state: _____ If yes, in what state: _____ | When did you first obtain a driver's license in that state? Date _____ When did you first obtain a driver's license in that state? Date _____ |
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| 7. Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please attach documentation of date you opened account. | If yes, since what date? _____ | Name of Bank _____ Branch _____ City _____ State _____ |
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| 8. Have you ever paid in-state tuition at any public institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, date of last term _____ Name of Institution _____ Dates Attended: From _____ To _____ | 8a. Have you ever attended a Washington college/university for more than 6 hours per term? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ Dates attended From _____ To _____ |
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| 9. Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, attach a copy of your Resident Alien Card, I-94 or other INS documentation. |
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| 10. List business or professional licenses (name & state of issue) | _____ |
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Additional Comments or evidence of residency:

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 for which application is made. Questionnaires received after that date shall be considered to have been filed for the first day of the subsequent quarter.

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| <p>STATEMENT OF INTENT</p> <p>I certify that I have declared Washington as my true, fixed, and permanent place of habitation</p> <p>CERTIFICATION</p> <p>I certify under penalty of perjury under the laws of the State of Washington, RCW 9A.72.085 that the foregoing and all supporting documentation are true and correct.</p> | Signature of Parent (if completing SECTION 3) _____ Date _____ Parent Address (Street, City, State) _____ Signature of Student _____ Date _____ |
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