

Domiciliary Reclassification Application Form

DOMICILE AFFIDAVIT To become eligible for in-state tuition, a student shall establish Virginia domicile by **clear and convincing evidence for a period of at least one year immediately prior to the first day of classes**. This means the student established domicile in Virginia and has abandoned ties to other states, or the person on whom the student is legally dependent was domiciled in Virginia. This form must be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23.7-4, code of Virginia. All questions must be answered. This form and supporting documents are used to establish Virginia Residency only. This form in no way effects a student's eligibility for financial aid, nor does this form place financial responsibility on the person who signs.

SECTION A: APPLICANT

SIS/STUDENT ID NUMBER _____

1. Name of Applicant: _____

Last
First
Middle

 Birthday: ____/____/____

Month
Day
Year
 2. Are you a U.S. Citizen? ____ Yes ____ No If you are not a citizen, are you a permanent resident? Yes No
 If you are a permanent resident (not a U.S. citizen), what is your "A number?" _____
 If you are neither a U.S. Citizen nor a permanent resident, what is your immigration status? _____
 3. How long have you lived in Virginia? ____ years, ____ months Where have you lived **the last two years?** List current address first:
 4. From(mm/yr) To(mm/yr) Street Address City State Zip Code
-
5. Yes No Do your parents/legal guardian provide over half of your financial support or claim you as a tax dependent?
 If your answer is yes, STOP, and sign section E. Have your parent/legal guardian complete sections D and E.
 6. Yes No Do you wish to claim in-state tuition rates based on your Virginia domiciliary residency status?
 If no, where will you retain legal domicile? State: _____ Country: _____
 If yes, continue to SECTION B. If no, go to #7
 7. ☐ Yes ☐ No Do you wish to claim in-state tuition based on your spouse's domiciliary status?
 If yes, STOP, sign Section E & have your SPOUSE complete sections D & E. If no, continue to SECTION B.

SECTION B: STUDENT STATUS

1. ☐ Yes ☐ No Will you be age 24 or older before the first day of classes?
2. ☐ Yes ☐ No Are you a veteran of the U.S. Armed Forces?
3. ☐ Yes ☐ No Will you be enrolled in a graduate or professional program (beyond a Bachelor's degree)?
4. ☐ Yes ☐ No Are married or have you been married?
5. ☐ Yes ☐ No Are you an orphan or a ward of the court, or were you a ward of the court until age 18?
6. ☐ Yes ☐ No Do you have legal dependents (other than spouse)?
7. ☐ Yes ☐ No Are you on active duty with the military?
8. ☐ Yes ☐ No Have you been financially self sufficient for one year prior to the term in which you will enroll?
 If yes, you may be required to furnish "clear and convincing" evidence.

*If you answered **YES** to any question in SECTION B, please complete SECTIONS C & E. If you answered **NO** to every question, please sign SECTION E and have your parent or legal guardian complete SECTIONS D & E.*

SECTION C: DOMICILE

1. Are you on active duty in the U.S. Armed Forces? ____ Yes ____ No
 If "Yes," does the current Leave and Earning Statement reflect Virginia withholdings (taxes)? Yes No
2. Are you the dependent of an active duty member in the U.S. Armed Forces? Yes No If "Yes," does the current Leave and Earning Statement reflect Virginia withholdings (taxes)? ____ Yes ____ No
3. Are you retired or discharged from the U.S. Armed Forces? Yes No
4. Are you the dependent of someone retired or discharged from the U.S. Armed Forces? Yes No
5. For the **last year**, did you (select only one):

☐ file Virginia income taxes on all earned income
 file as a resident in another state
 file as a resident in Virginia and as a non-resident in another state

was a resident in a state without income tax
 had no taxable income
 filed for an extension
6. For the **last year**, did you (check all that apply):

have a valid Virginia driver's license or Virginia DMV state ID? (required)
 have a valid driver's license from another state?
 have a vehicle registered in Virginia?
 vote in Virginia?

have a vehicle registered in another state?
 vote in another state?

Note: only the following states do not levy an income tax: Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington, and Wyoming

7. Answer this question **only** if you have worked in Virginia but lived outside Virginia during the past 12 months.

Will you have lived **outside** Virginia, earned at least the equivalent of a full time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which the applicant will enroll? Yes

Please continue to SECTION E

SECTION D: PARENT, LEGAL GUARDIAN OR SPOUSE

1. Name of Parent/Legal Guardian or Spouse: _____
Last First Middle
2. Relationship to Applicant: Parent Spouse Legal guardian (If legal guardian, must provide copy of court order.)
3. Are you a U.S. Citizen? Yes No If "No," are you a permanent resident? Yes No
If you are a Permanent Resident, what is your "A number?" _____
If you are not a Permanent resident, what is your immigration status? _____
4. How long have you lived in Virginia? _____ years, _____ months
5. Where have you lived the last two years? List current address first:
From (mm/yr) To (mm/yr) Street Address City State Zip

6. Are you on **active duty** in the U.S. Armed Forces? Yes No
If "Yes," does the current Leave and Earning Statement reflect Virginia withholdings (taxes)? Yes No
7. Are you **the dependent** of an active duty member in the U.S. Armed Force? Yes No
If Yes, does the current Leave and Earnings Statement reflect Virginia withholdings (taxes)? Yes No
8. Are you retired or discharged from the U.S. Armed Forces? Yes No
9. Are you the dependent of someone retired or discharged from the U.S. Armed Forces? Yes No
10. Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the twelve months prior to the term in which the applicant will enroll? Yes No
11. Will you have provided over half the applicants financial support for the entire 12 months prior to the term in which the applicant will enroll? Yes No
12. For the **last year**, did you (select only one):
☐ file Virginia income taxes on all earned income was a resident in a state without income tax
☐ file as a resident in another state n had no taxable income
☐ file as a resident in Virginia and as a non-resident in another state filed for an extension
- Note: only the following states do not levy an income tax: Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington, and Wyoming
13. For the **last year**, did you (check all that apply):
have a valid Virginia Driver's license or a valid Virginia DMV state id (**required**) have a valid driver's license from another state?
have a vehicle registered in Virginia? have a vehicle registered in another state?
vote in Virginia? vote in another state?
14. Answer this question **only** if you have lived outside Virginia but work inside Virginia:
Will you have lived **outside** Virginia, earned at least the equivalent of a full time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which the applicant will enroll? Yes
If the answer to 14 is **yes**, will the parent employed in Virginia have claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant will enroll? Yes No

Please sign below

SECTION E: SIGNATURES

The applicant must sign below or this application will not be processed. If **SECTION D** has been completed by a parent, legal guardian, or spouse, that individual must also sign below.

I certify under penalty of disciplinary action that the information I have provided is true. I agree to furnish the college with supporting documentation related to my application, if requested to do so. I understand my domicile decision may be appealed.

Signature of Applicant _____ Date _____

I certify that the information I have provided is true.

Signature of Parent, Legal Guardian, or Spouse _____ Date _____

I certify that the information I have provided is true.

FOR OFFICE USE ONLY

Student Name			
<i>Last</i>		<i>First</i>	<i>Middle Initial</i>
Student Empl ID			
Domicile Approved		Domicile Category	
Term			
Tuition Equity Approval			
Registrar Completion			

Domicile Committee: _____
