



IDAHO RESIDENCY DETERMINATION WORKSHEET

Approved: _____ Denied: _____
Date: _____ Evaluator: _____

STUDENT NAME: _____ **Date:** _____
Last First Middle

STUDENT ID NUMBER: N/A **EDUID:** N/A

Email address: _____ **DOB:** _____

Term for which worksheet submitted: Fall, 20____ Spring, 20____ Summer, 20____

PLEASE READ BEFORE COMPLETING

DEADLINE: Qualifications for residency must be met **prior to the opening day of the semester** for which the reclassification is sought. All worksheets and required documentation must be **submitted by the 10th day** of the semester in which reclassification is sought. Failure to provide required documentation with the worksheet will result in denial of residency.

I certify by my notarized signature on page 4 that the statements made in this worksheet and the information provided are true, complete, and correct to the best of my knowledge. I understand that any material misrepresentation or omission from this worksheet may be grounds for institutional action which may affect my status as a student.

Students who wish to be considered for resident fees are expected to read the Idaho Residency Law and Administrative Rules, complete this worksheet, and submit required documentation to the appropriate office.

If additional space is required, attach a separate sheet. Additional documents may be requested from the student, parent, legal guardian, or spouse to support this worksheet. Once signed, notarized, and received by the institution, this worksheet and accompanying documentation become an official document on which questions of residency are resolved. This document will not be returned to the student. **Please review your responses carefully before the document is signed and notarized.**

PLEASE PRINT OR TYPE

PART I: Complete ALL of PART I.

Present Address: _____ () _____
number & street city state zip area code phone

Permanent Address: _____ () _____
number & street city state zip area code phone

Citizenship: USA Other

If citizenship is "other," provide copies of relevant Immigration documents including but not limited to your visa. **Attach copy of Permanent Resident Card or US Citizenship and Immigration Services Approval Notice.**

If citizenship is "other," answer the following questions: Country of citizenship: _____

Visa type: _____ Alien registration number: A - _____ Other: _____

Have you received financial assistance provided by a state other than Idaho to attend an institution within Idaho? Yes No

If yes, what were the dates (month/day/year) and types of assistance? From: _____ To: _____
From: _____ To: _____

Have you received WUE (Western Undergraduate Exchange) non-resident tuition assistance? Yes No

If yes, what were the dates (month/day/year) of assistance? From: _____ To: _____

PART I continued

Have you been out of Idaho during the last 12 months? Yes No **If yes, give dates and reasons for your absence.**

| Dates (month/day/year) | | City & State | Purpose |
|------------------------|-----------|--------------|---------|
| From: _____ | To: _____ | _____ | _____ |
| From: _____ | To: _____ | _____ | _____ |
| From: _____ | To: _____ | _____ | _____ |

PART II: Please check **all** boxes that are applicable to you and fill in the blanks below the checked box(es). **YOU MUST CHECK AT LEAST ONE (A – J).**

- A.** One or more of my parents/legal guardians or spouse’s parents is domiciled in Idaho and has maintained a bona fide domicile in Idaho for at least 12 months prior to the opening day of the school term which I plan to enroll **AND** I receive at least 50% of my financial support from my parents/legal guardians. **Parents/legal guardians must complete PART III and IV and/or V.**

Check one: Parent(s) Legal Guardian(s)

Name(s) of parent(s)/legal guardian(s) residing in Idaho: _____

Physically resided in Idaho since: _____
month/day/year

What percentage of financial support do you receive from your parent(s)/legal guardian(s)? _____

Permanent Address: _____
number & street city state zip

- B.** I receive **LESS THAN** 50% of my financial support from parents/legal guardians. I have continuously resided and maintained a bona fide domicile in Idaho for purposes other than education for at least 12 months prior to the opening day of the term at this institution. **Students must complete PART III and IV and/or V.**

What percentage of financial support do you receive from your parent(s)/legal guardian(s)? _____

- C.** I am or will be a graduate of an accredited Idaho high school and I will attend this institution during the term immediately following high school graduation. **Attach verification of your graduation from an Idaho high school or current enrollment at an Idaho institution for medical education residency.**

Accredited Idaho high school from which I graduated: _____

Graduation date: _____ month/year Institution currently attending: _____

- D.** I am married to an Idaho resident. My spouse is a resident of _____ County. **Attach a copy of your marriage certificate and have your spouse complete PART III and IV and/or V if not a current student.**

Name of your spouse who is an Idaho resident: _____

Is your spouse a student at this university/college? Yes No If yes, spouse’s ID#: _____

- E.** I or my spouse is a member of the Armed Forces stationed in Idaho on military orders. I or my spouse is stationed in _____ County. **Attach a copy of the orders assigning you in Idaho and attach a copy of your marriage certificate (if your spouse is stationed in Idaho on military orders).**

- F.** I am an officer or an enlisted member of the Idaho National Guard. **Attach a copy of your orders assigning you to the Idaho National Guard.**

- G.** One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces stationed in Idaho. They are stationed in _____ County. **Attach a copy of orders assigning one or both parents in Idaho, and attach a copy of your dependant military ID card.**

Check one: Parent(s) Legal Guardian(s) Percentage of support provided: _____

Location where parent(s) or legal guardian(s) is presently stationed with the Armed Forces: _____

Date of assignment: _____
month/day/year

- H.** I have been separated under honorable conditions from the Armed Forces after at least two years of service. **Attach a copy of your DD214.** Check one:

- At the time of separation, I designated the State of Idaho as my intended domicile or indicated Idaho as my home of record, and I am entering this institution within one year of the date of separation.

- I intend to make Idaho my state of residence and will actively establish domicile within one calendar year

PART IV continued

3. Do you own and reside in your own living quarters in Idaho? Yes No **If yes, attach documentation verifying ownership.**

_____ Date Purchased: _____
number & street city state zip month/day/year

PART V: PLEASE ANSWER ALL QUESTIONS, IF ALL ANSWERS IN PART IV ARE NO. Answers are to be for the person on which residency is based.

1. Do you own any motor vehicle(s), mobile home(s), trailer(s), boat(s), etc.? Yes No **Attach copy(ies) of Idaho vehicle registration(s).** Original date of registration: _____
month/day/year

2. Are you currently registered to vote? Yes No **Attach documentation of your voter registration.**
Date Registered _____ City _____ State _____ Date Voted _____
month/day/year month/day/year

3. Do you hold a Driver's License/State ID Card? Yes No **If yes, attach a copy of your Driver's License/State ID Card.**
State where issued: _____ Original date issued: _____
month/day/year

4. Can you claim domicile in any other state? Yes No **If no, attach documentation to provide evidence of abandonment of previous domicile.**

5. Where are your household goods and/or belongings currently located? **Attach documentation of location of household goods such as a property tax statement, a residential lease, etc.**

_____ number & street city state zip

6. Do you bank at a financial institution in Idaho? Yes No **If yes, give name and location of bank and attach documentation from your financial institution.** (Bank statement must have Idaho address)
Name _____ Address _____
Date account established: _____
month/day/year

NOTARIZATION: The student submitting this worksheet must sign this section in the presence of a notary. This worksheet cannot be acted upon until notarized. This section is to be completed by a notary public after this form has been filled out.

State of _____

County of _____

The undersigned person, being first duly sworn, deposes and says:

I hereby certify, under the penalty of perjury, that all statements herein and the information provided are true and correct, and this institution may rely on such statements and information. I full understand that this institution reserves the right to all available remedies in the event such information is not true and correct, including but not limited to the recovery of all fees to which this institution is legally entitled, but which were not collected because of false information stated herein. I further understand that this institution may take any legal action necessary to recover any outstanding financial obligation.

Do not sign this form until in the presence of a notary public _____
Signature of Student

Subscribed and sworn to (or affirmed) before me this _____ day of _____,

S _____
E Notary Public
A
L My commission expires: _____