UW Seattle 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 Residence Classification Office Box 355850 Seattle, Washington 98195-5850

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.

| <u> </u> | CTION 1 | | | | | | | 500.0 | FFIOE | | 1 1/ | |
|--|---|---|--------|--------------------|-------------------|--------------------------|---|--|-----------|----------|----------|--|
| Name (Last) | | (First) (| | (M.I.) Phone Numbe | | r | FOR OFFICE USE ONLY | | | | | |
| Ad | dress (Street) (City |) (State) | (ZI | IP) | Student Numb | er | Status | | | | | |
| | | | | , | | | Today's [| DEF | | | INDEP | |
| E- | mail Address | Birth City, State, Country | | | | Birth Date | | | | | | |
| 1 | Name of Last High School Attended | | | | | | Effective | Date | | | | |
| 1. | Name of Last High School Attended | | Sta | ate | Voor G | raduated | Re | sident | | Non- | Res | |
| | | | _ 5141 | .te | | | | | | | | |
| 2. | For what term are you now seeking residence class Year 20 Fall Winter | | nor | | | | | | | | | |
| | Year 20 Fall Winter | Spring Summer | | | | | | | | | | |
| | | | noato. | | | | | | | | | |
| | Class Standing | | | | | | Residenc | ce Classificat | tion Offi | icer | | |
| 3. | □ Undergraduate □ Graduate | □ Professional Scho | ٥ŀ | | | | 🗆 ST 🗌 UG 🗌 OTHER | | | | OTHER | |
| 1 | At this Institution I am or will be enrolled as a: | | 01. | | | | | | | | | |
| 4. | □ New Student □ Continuing S | Student 🗆 Returning | 1 For | mer S | tudent | | | | | | | |
| | If continuing or former student, give number of credit ho | | | | | rms and identify each te | erm by se | ssion and y | ear: | | | |
| | Credit Term Year | Credit | Term_ | | Year | Credit | Te | erm | Y | /ear | | |
| 5. | Country of citizenship: | | 5 | ja. Do yo | ou hold permane | ent or temporary reside | ent immig | gration statu | us? | | Yes 🗌 No | |
| | If not USA, answer 5a, 5b and 5c. | | | | | | | ditional Entrant" or PRUCOL status? □ Yes □ No E, G, H-1, I, K, or L? □ Yes □ No | | | | |
| - | Note: An immigrant refugee, and the spouse and dep | andant childran of such refuges | | | | ve, you must attach | | | es of F | | | |
| | may be exempted from paying the nonresident tuition | fees differential if the refugee | C | Card, Fo | rm I-94, or othe | er documentation. (If | If you are not a citizen of the United States esident immigration status, "Refugee- | | | | | |
| | (a) is of parole status, (b) has received an inningrant visa, of (b) has applied for 0.0. citizenship. | | | | | | | | | | | |
| | · | | | | e classified as | , | latanaa | diaburaan | oont d | | | |
| 6. | Have you received financial assistance from a state or g unit or agency thereof during the past twelve month | | | i yes, ii | Idicate state of | agency, type of ass | istance, | aispursen | ient da | ales, el | J. | |
| | | | | | | | | | | | | |
| 1. | Will you be receiving state financial assistance d | | | ryes, ir | Idicate state of | r agency, type of ass | istance, | dispursen | nent o | ales, el | IC. | |
| | | | | | | | | | | | | |
| _ | CTION 2 | | | | | | | | | | | |
| 1. Are you applying for resident status as a dependent student whose parent or court-appointed legal domicile and all requested supporting documentation. Verification of your dependent status must be document | | | | | | | | | • | | | |
| | guardian has maintained a bona fide domicile in the State of Washington for at least one year? by submitting a true and correct copy of your parent's or legal guardian | | | | | | | an'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 and federal tax returns is limited to the listing of dependents claimed and the signature of the taxpayer and | | | | | | | | | | | | |
| □ Yes □ No not require disclosure of financial information contained in the returns. | | | | | | | | | | | | |
| 2. | Are you applying for resident status as a financially independent student? | If yes, you must complete Se | ection | 13 of thi | s form and pro | vide all requested su | oporting | document | ation. | | | |
| | □ Yes □ No | | | | | | | | | | | |
| 2a | Student's Sworn Statement: | | | | | | | | | | | |
| | I have not been and will not be claimed as an exer calendar year immediately prior to the year in which | | | | | | | | | | | |
| | to or greater than that which would qualify me to be c | | | | | | | | | | | |
| | prior to the year in which this application is made. | | | | | | | | | | | |
| | Signature | | | D; | ate | | | | | | | |
| 2b | 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. | | | | | | | | | ncial | | |
| | If you are 24 or younger, provide a true and co or person(s) who have legal custody of you for concerning the parent's or legal guardian's sta require disclosure of financial information cont | r the calendar year immediately ate and federal tax returns is lim | prior | to the y | ear in which this | s application is made | . The ext | ent of the c | disclos | ure requ | uired | |

| 1. This section is being | | | | Date of your arrival | | tions are comple | Date you took a | uired documentati action to officially decl ment, legal domicile: | | |
|--|---|------------------------------|---------------------------|--|---|---|---|---|---|--|
| Parent | Court-App | ointed Lega | al Guardia | an Month | Dav | Voor | | , G | Voor | |
| Purpose of moving | to Washing | ton: | | MONUT | Day | | | Day | fear | |
| 2 List chronological | v vour empl | ovment and p | hysical res | sidence for the last two ye | ears giving exact inf | ormation as reque | sted below. If you | were not employed | list your physical | |
| residence for the la | ast two years | s. Attach addit | ional page | if necessary. | | | | | | |
| | | | | LOCATION | | PATION | | HOME ADDRES | | |
| Mo. Day Yr. From | Mo. To | Day Yr. | City | State | Employer | Hrs/wk | Street | City | State | |
| | | | | | | | | | | |
| From | То | | | | - | | _ | | | |
| From | То | | | | | | | | | |
| Note: You must transcripts, veri | provide pr fication of | roof of your weekly vol | r physica unteer w | nl presence in Washin vork, debit/credit card | gton the past 12 statements sho | months (e.g. w wing purchases | ork stubs, lette made in Wasl | er from employer (hington, lease agr | (on letterhead), œement, etc). | |
| | | | | s, give dates and reasons | | 01 | | | | |
| DATES OF | | | | LOCATION | | PU | RPOSE OF ABSE | ENCE | | |
| Mo. Day Yr. From | Mo. To | Day Yr. | City | State | - | | | | | |
| | | | | | | | | | | |
| From | То | | | | | | | | | |
| From | То | | | | | | | | | |
| Have you ever re vote in any state? | gistered to | lf yes, attac of your cur | rent | If yes, list date, city and s | | | | | | |
| □ Yes | 🗌 No | voter's card | | Date City Date City | | | | | | |
| 5. Do you own or use vehicles, RV's, boat | | If yes, give | type of ve | hicle, license number, state | e and dates of regist | try. You must attach | n a copy of vehicle | e registration (not the | title). | |
| homes in any state | | Type of yehic | | License Num | iber | State | Date of Purchase | Date of B | enistry | |
| □ Yes | 🗌 No | | | | | | | | | |
| | | - | | License Num | | | | | egistry | |
| Do you have a driv in any state? | er's license | If yes, you attach a co | py of | If yes, in what state? | When did you first | obtain a driver's lic | cense in that state | <i>?</i> | | |
| your driver's ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ If y ☐ icense? | | | | Date | | | | | | |
| | | | If yes, in what state? | When did you first | obtain a driver's license in that state? | | | | | |
| | | ☐ Yes | 🗆 No | | Date | | | | | |
| 7. Do you have a bank | account? | If yes, plea | se attach | If yes, since what date? | | <u></u> | | | | |
| □ Yes | □ No | document account. | ation of | | Name of Bank | | I | Branch | | |
| | | | | | Other | | | | | |
| 8 Have you ever pa | id instate | | | | City | 8a. Have you e | | State | | |
| tuition at any public | Have you ever paid instate tuition at any public institution of higher education? | | of last terr | m | | than 6 hour | ever attended a Washington college/university for more urs per term? | | | |
| □ Yes | 🗌 No | Name of Ins | stitution | | | | | | | |
| | | Data Attand | od. Erom | - | | Data Attains | lad. Englis | Τ. | | |
| 9. Are you a U.S. citiz | en? | | | To of your U.S. Permanent F | | | | To on. | | |
| □ Yes | | | | | - | - | | | | |
| 10. List business or pro licenses (name & st | ofessional | : | | | | | | | | |
| 11. Other (evidence of | coverage fo | r medical, life, | automobi | le or property insurance, s | tate licenses such a | s hunting or fishing | ı, etc.) Explain: | | | |
| | | | | | | | | | | |
| NOTICE: Residence q which appli | uestionnaire cation is ma | s requesting a ade. Question | a change in Inaires re | n residence classification s ceived after that date sha | shall be accepted up all be considered t | to the thirtieth cal o have been filed | endar day followin as of the first da | g the first day of the ay of the subsequen | quarter/semester fo t quarter/semester | |
| | | | | | | | | | | |
| STATEMENT OF I certify that it is n my true, fixed, an | ny intention | | | Signature of Parent (if co | mpleting SECTION | 3) | | Da | ate | |
| CERTIFICATIO | N | | | Address (Street, City, Sta | ate) | | | | | |
| I certify that the | foregoing i | s true and c | orrect. | Signature of Oticlant | | | | | | |
| | | | | Signature of Student | | | | Da | ate | |