



UNIVERSITY OF WASHINGTON
WASHINGTON INSTITUTIONS OF HIGHER EDUCATION
RESIDENCE QUESTIONNAIRE
 RESIDENCE CLASSIFICATION OFFICE

UNIVERSITY OF WASHINGTON TACOMA
 Office of the Registrar
 MAT 253 - Box 358400
 Tacoma, WA 98402

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 penalty or 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 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	<table border="1"> <tr> <th colspan="2">FOR OFFICE USE ONLY</th> </tr> <tr> <td>Type</td> <td>U G P N C R</td> </tr> <tr> <td>Status</td> <td>DEP INDEP</td> </tr> <tr> <td>Today's Date</td> <td></td> </tr> <tr> <td>Effective Date</td> <td></td> </tr> <tr> <td>Resident</td> <td>Non-Res</td> </tr> <tr> <td colspan="2">Residence Classification Officer</td> </tr> <tr> <td><input type="checkbox"/> ST</td> <td><input type="checkbox"/> UG <input type="checkbox"/> OTHER</td> </tr> </table>		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		<input type="checkbox"/> ST	<input type="checkbox"/> UG <input type="checkbox"/> OTHER
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Address (Street)	(City)	(State)	(ZIP)	ID 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 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer 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: _____																					
4. At this Institution I am 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: Credit _____ Term _____ Year _____ Credit _____ Term _____ Year _____ Credit _____ Term _____ Year _____																					
5. Country of citizenship: If not USA, answer 5a, 5b and 5c.			5a. Do you hold permanent or temporary resident immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.			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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<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(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: <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 _____
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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? <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 in any state? <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 Purchase _____ Date of Registry _____ Type of vehicle _____ License Number _____ State _____ Date of Purchase _____ Date of Registry _____
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6. Do you have a driver's license in any state? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach documentation of 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	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, date of last term _____ Name of Institution _____ Date Attended: From _____ To _____	Date Attended: From _____ To _____

9. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, attach a copy of your U.S. Permanent Resident card, I-94 or other immigration documentation.
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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.	Signature of Parent (if completing SECTION 3) _____ Date _____
CERTIFICATION I certify under penalty of perjury under the laws of the State of Washington, RCW 9A.72.085 that the foregoing is true and correct.	Address (Street, City, State) _____ Signature of Student _____ Date _____