

# KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION

## SUBMIT APPLICATION TO:

LINDA LINVILLE  
1024 CAPITAL CENTER DRIVE, SUITE 320  
FRANKFORT, KENTUCKY 40601  
FAX: (502) 573-1535  
E-MAIL: [CPE Online Support Center](#)

## ACADEMIC COMMON MARKET RESIDENCY DETERMINATION APPLICATION II

(to be completed by those who graduated from high school more than 6 months ago)

### GENERAL INSTRUCTIONS

These general instructions apply to the total application. Additional, special instructions may accompany some sections.

- Regulation [13 KAR 2:045 - Determination of Residency Status for Admission and Tuition Assessment Purposes](#), should be read entirely before completing this application. The procedures and definitions of this regulation will be applied in determining residency classification.
- Answer all questions that apply to your situation.
- This application must be signed and notarized.
- **The 2011 KY Individual Income Tax Return, Form 740 (or other approved documentation) must be submitted with this application.**

### INSTITUTIONAL AND PROGRAM INFORMATION

Academic Common Market college/university program you plan to attend and program you will be enrolled in:

Institution Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree Program/Major\*\* : \_\_\_\_\_

Degree Code (e.g., BA, MS, MLS, PHD): \_\_\_\_\_ Is this an online program? \_\_\_yes \_\_\_no

**\*\*Attach documentation that confirms your acceptance into this degree program.**

### I. PERSONAL INFORMATION

1. Name: \_\_\_\_\_  
(Last / First / Middle or Maiden / Jr., II, etc.)

2. Social Security Number (last 4 digits only): XXX - XX - \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

4. Present Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

5. Send correspondence to my \_\_\_\_\_ permanent address or my \_\_\_\_\_ present address.

6. Phone Number: Home (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

7. E-mail Address(es) to be used for all future communications: \_\_\_\_\_

**II. BASIS FOR APPLICATION**

Please indicate below the basis of your application for residency status.

- \_\_\_ Independent person demonstrating domicile and residency in Kentucky.
- \_\_\_ Dependent person demonstrating residency and domicile of resident parent(s) \_\_\_ or legal guardian \_\_\_.
- \_\_\_ Seeking Kentucky residency status provided under Section 7 of [13 KAR 2:045](#) (duty in the armed forces).

**III. ENROLLMENT INFORMATION**

1. When do you plan to start your program? Select one option below.

Semester:	Summer	Fall	Spring
Year:	2012	2012	2013

- 2. Are you currently enrolled in a college or university? \_\_\_ Yes \_\_\_ No  
If Yes, where: \_\_\_\_\_  
How many credit hours are you currently taking? \_\_\_\_\_
- 3. Have you previously filed an application for determination of residency status? \_\_\_ Yes \_\_\_ No  
If Yes, for what term? \_\_\_\_\_

**IV. DETERMINATION OF DEPENDENT / INDEPENDENT STATUS**

*Dependent status and independent status are defined in Sections 1 (4) and 1 (8) of the [residency regulation](#). A dependent person has the residency of his or her parents; an independent person has the opportunity to demonstrate individual residency.*

- 1. Did you file a federal or state income tax return as an independent person claiming yourself as an exemption?  
Federal? \_\_\_ Yes \_\_\_ No      State? \_\_\_ Yes \_\_\_ No  
If Yes, for what most recent year? \_\_\_\_\_
- 2. Did either of your parents claim you as a dependent for the tax year preceding the date of this application on federal or state income tax forms?  
Federal? \_\_\_ Yes \_\_\_ No      State? \_\_\_ Yes \_\_\_ No  
If No, when did either of your parents last claim you as an exemption on a:  
Federal income tax form? \_\_\_\_\_      State income tax form? \_\_\_\_\_
- 3. Does your parent or any other person currently claim you as a dependent or as an exemption for federal or state tax purposes?  
Parent? \_\_\_ Yes \_\_\_ No      Other Person? \_\_\_ Yes \_\_\_ No  
If Yes, Who? \_\_\_\_\_
- 4. Indicate your present means of financial support and sustenance.

*Please see definition of sustenance in Section 1 (16) of the [residency regulation](#). Provide percentages of financial support below.*

**Annual Support**

Work \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Other Persons \_\_\_\_\_ Scholarships \_\_\_\_\_

Grants \_\_\_\_\_ Assistantships \_\_\_\_\_ Loans \_\_\_\_\_ Trusts \_\_\_\_\_ Other \_\_\_\_\_

For other, please explain. \_\_\_\_\_

When did your parent(s)/legal guardian last provide you with any of the above-listed support? Month/Year \_\_\_\_\_

**V. INFORMATION IN SUPPORT OF DOMICILE**

1. When did your present (i.e., your latest) stay in Kentucky begin? Month/Year \_\_\_\_\_
2. What was your primary reason for coming to Kentucky? \_\_\_\_\_  
\_\_\_\_\_
3. What is your primary reason for living in Kentucky at this time? \_\_\_\_\_  
\_\_\_\_\_
4. What family do you have presently living in Kentucky? \_\_\_\_\_  
\_\_\_\_\_
5. Are you a citizen of the United States? \_\_\_ Yes \_\_\_ No  
If Yes, proceed to question number 6.

*Pursuant to Section 8 (1) of the [residency regulation](#), a person holding a permanent residency visa or classified as a political refugee shall establish domicile and residency in the same manner as any other person. In addition to holding a permanent residency classification, a person must demonstrate domicile by a preponderance of evidence.*

If you are **not** a citizen of the United States, what is your country of citizenship? \_\_\_\_\_

Are you a political refugee? \_\_\_ Yes\* \_\_\_ No

Do you have a permanent visa? \_\_\_ Yes\* \_\_\_ No

If you have a permanent visa card\*, please give the card number, the date issued and the date of expiration:

Card Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What type of visa do you hold\*? \_\_\_\_\_

What is the status of your passport\*? \_\_\_\_\_

**\*You must provide documentation of these items.**

6. List the places where you have lived for at least the past five years (beginning with your most recent address):

Date(s)	Place of Residence
M/Y From – M/Y To	Number / Street / City / State
_____	_____
_____	_____
_____	_____
_____	_____

7. List the name of your high school, the state in which it is located, and the date of graduation or GED:

School Name: \_\_\_\_\_

City / State: \_\_\_\_\_

Date of Graduation or GED: Month/Year \_\_\_\_\_

8. List educational institution(s) attended after high school (beginning with most recent institution):

Educational Institution	City/State	Dates Attended	Full/Part Time	Tuition Paid (In-State or Out-of-State)
		From To		
		M/Y M/Y		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Have you lived in Kentucky while enrolled in 6 or fewer hours for the 12 months preceding the first day of classes of the term for which you are applying?  Yes  No

10. Did you file a Kentucky state income tax return for either or both of the past two years?  Yes  No  
If Yes, please list the year(s): \_\_\_\_\_, \_\_\_\_\_

11. Have you accepted full-time employment or transfer to an employer in Kentucky?  Yes  No  
Have you accepted full-time employment or transfer to an employer in an area contiguous to Kentucky while maintaining domicile in Kentucky?  Yes  No

12. List your employers for the past five years (beginning with the most recent):

Dates		Employer	City/State	Average Number Worked Hrs/Wk - Wks/Yr
From - To				
M/Y	M/Y			

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13. Do you have current licensing or certification for professional or occupational purposes in Kentucky?  
 Yes  No If Yes, what type? \_\_\_\_\_

14. Have you paid the following taxes in Kentucky during the 12 months preceding the first day of classes of the term for which you are seeking a determination of residency status?

Occupational:  Yes  No Real Property:  Yes  No

15. What real property do you, your parents, legal guardian, or spouse own and in which state is it located? Indicate which property is used by you as a residence.

Property Owned By	Location of Property Owned	Used by Student for Residency? (Y/N)	Dates Used as Residence From (M/Y) To (M/Y)
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16. Do you have a lease for 12 months or more for noncollegiate housing in Kentucky?  Yes  No

17. Are you currently registered to vote?  Yes  No

If Yes, where? \_\_\_\_\_ Kentucky \_\_\_\_\_ Other (specify) \_\_\_\_\_

Have you ever been registered to vote in a state other than where you are currently registered?  Yes  No

If Yes, where and when were you last registered? State \_\_\_\_\_ Year \_\_\_\_\_

18. Do you operate a motorized vehicle?  Yes  No

If *Yes*, is this vehicle registered in your name?  Yes  No

If *No*, in whose name is the vehicle registered? \_\_\_\_\_

State in which the vehicle is registered \_\_\_\_\_ Vehicle License Number \_\_\_\_\_

If you do not operate a vehicle, what is your means of transportation? \_\_\_\_\_

Number of miles you travel to campus: \_\_\_\_\_ Number of miles you travel to work: \_\_\_\_\_

19. Driver's License Number: \_\_\_\_\_ State in which license was issued: \_\_\_\_\_

20. Where do you live during school vacation periods?  Kentucky  Other (specify) \_\_\_\_\_

*Response regarding military service may have some bearing on your classification if any part of Section VI below is relevant to your situation.*

21. Are you now, or have you been, in the military?  Yes  No

If *Yes*, please supply the following information:

When did you become an active member of the military? Month \_\_\_\_\_ Year \_\_\_\_\_

List active military service. (Exclude time spent in the Reserves.) From (M/Y) \_\_\_\_\_ To (M/Y) \_\_\_\_\_

Was Kentucky your state of residency when inducted?  Yes  No (specify) \_\_\_\_\_

If *No*, what date, if any, did address change to Kentucky? Month \_\_\_\_\_ Year \_\_\_\_\_

Did you maintain, or are you maintaining, Kentucky as your legal residence while in the service?

Yes  No

Date of discharge: Month \_\_\_\_\_ Year \_\_\_\_\_

## **VI. SUPPORTING INFORMATION**

*Supporting Information relates to the basis for your request for determination of residency status. Complete all relevant items in this section.*

### **1. Parents** (complete if applicable)

Father's name: \_\_\_\_\_

Father's permanent address: \_\_\_\_\_

Father's mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_

Father's telephone number: (\_\_\_\_) \_\_\_\_\_

How many years (continuously) has your father been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your father's current employer:

Name / Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date current employment began: M/Y \_\_\_\_\_

Father's visa type, if applicable: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's permanent address: \_\_\_\_\_

Mother's mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_

Mother's telephone number: (\_\_\_\_) \_\_\_\_\_

How many years (continuously) has your mother been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your mother's current employer:

Name / Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date current employment began: M/Y \_\_\_\_\_

Mother's visa type, if applicable: \_\_\_\_\_

**2. Legal Guardian** (complete if applicable)

Legal Guardian's name: \_\_\_\_\_

Legal Guardian's permanent address: \_\_\_\_\_

Legal Guardian's mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_

Legal Guardian's telephone number: (\_\_\_\_) \_\_\_\_\_

How many years (continuously) has your legal guardian been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your legal guardian's current employer:

Name / Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date current employment began: M/Y \_\_\_\_\_

Guardian's visa type, if applicable: \_\_\_\_\_

**3. Spouse** (complete if applicable)

*Per the [residency regulation](#), marriage to a Kentucky resident may be a factor in determination of your residency status Section 10 (2) (j). If your spouse has fulfilled requirements for residency and domicile in Kentucky, it is very important that this section be completed and accompanied by supporting documentation. If you are filing this application as an independent person in your own right, several items in this part of the application may still be supportive of your own claim to residency and domicile.*

Name of spouse: \_\_\_\_\_

Date of marriage: Month/Year \_\_\_\_\_

What family does spouse have presently living in Kentucky? \_\_\_\_\_  
\_\_\_\_\_

List your spouse's place(s) of residence for at least the past five years (beginning with most recent address):

Date(s) M/Y From – M/Y To	Place of Residence Number / Street / City / State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List the name of your spouse's high school, state located, and date of graduation or GED:

School Name: \_\_\_\_\_

City / State: \_\_\_\_\_

Date of Graduation or GED: Month/Year \_\_\_\_\_

List educational institution(s) attended by spouse after high school (beginning with most recent):

Educational Institution	City/ State	Dates Attended		Full/ Part Time	Residency for
		From M/Y	To M/Y		Tuition Purposes (In-State or Out-of-State)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List your spouse's employers for the past five years (beginning with the most recent):

Dates From – To M/Y M/Y		Employer	City/State	Average Number Worked Hrs/Wk - Wks/Yr
_____	_____			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did your spouse file a Kentucky state income tax return for either or both of the past two years?

\_\_\_ Yes \_\_\_ No If Yes, please indicate years: \_\_\_\_\_, \_\_\_\_\_

Did your spouse file a federal or state income tax return as an independent person claiming you as an exemption?

Federal? \_\_\_ Yes \_\_\_ No State? \_\_\_ Yes \_\_\_ No

If Yes, for what most recent year? \_\_\_\_\_

Did either of your spouse's parents claim your spouse as a dependent for the tax year preceding the date of this application on federal or state income tax forms?

Federal? \_\_\_ Yes \_\_\_ No State? \_\_\_ Yes \_\_\_ No

Indicate your spouse's present means of financial support and sustenance.

Please see definition of sustenance in Section 1 (16) of the [residency regulation](#). Provide percentages of financial support below.

**Annual Support**

Work \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Other Persons \_\_\_\_\_ Scholarships \_\_\_\_\_

Grants \_\_\_\_\_ Assistantships \_\_\_\_\_ Loans \_\_\_\_\_ Trusts \_\_\_\_\_ Other \_\_\_\_\_

For other, please explain. \_\_\_\_\_  
\_\_\_\_\_

When did your spouse's parent(s)/legal guardian last provide you with any of the above-listed support?

Month/Year \_\_\_\_\_

**4. Military** (Complete if either parent, guardian, or spouse is, or has been, in the military.)

Indicate which of the following individuals are, or have been, in the military.

\_\_\_\_ Father    \_\_\_\_ Mother    \_\_\_\_ Guardian    \_\_\_\_ Spouse

When did this individual become an active member of the military? Month/Year \_\_\_\_\_

Active military service (exclude reserve time): From (M/Y) \_\_\_\_\_ To (M/Y) \_\_\_\_\_

Was Kentucky the state of residence at the time of induction? Yes \_\_\_\_\_ No (specify) \_\_\_\_\_

Did the person maintain, or is the person maintaining, Kentucky as their legal residence while in the service? \_\_\_\_ Yes \_\_\_\_ No

Date of Discharge: Month/Year \_\_\_\_\_

**Comments:**

Describe other factors pertinent to your domicile and residency status (attach additional page(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION**

**APPLICATION FOR RESIDENCY DETERMINATION  
for Participation in the SREB Academic Common Market**

**OATH**

**To the student:** This statement must be notarized before submission. Do not sign this statement until you are directed to do so by a Notary Public.

State of \_\_\_\_\_

County of \_\_\_\_\_

The undersigned person, being first duly sworn, states as follows: That the foregoing statements and all supporting documents are, and each of them is, true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_

My commission expires on \_\_\_\_\_