

DOMICILE DETERMINATION FORM

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

All students taking credit classes must complete this portion of the application.

<p>For Students 24 or older</p> <p><input type="checkbox"/> Self: I want to claim eligibility based on my own domicile.</p> <p><input type="checkbox"/> Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile</p>	<p>For Students Under the Age of 24</p> <p><input type="checkbox"/> Parent: My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</p> <p><input type="checkbox"/> Legal Guardian: My court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.</p> <p><input type="checkbox"/> Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> Self: I want to claim eligibility based on my own domicile. If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.</p> <p><input type="checkbox"/> I am a veteran or active duty member of the U.S. Armed Forces.</p> <p><input type="checkbox"/> Both of my parents are deceased and I have no adoptive or legal guardian.</p> <p><input type="checkbox"/> I have legal dependents other than my spouse.</p> <p><input type="checkbox"/> I am financially self-sufficient.</p> <p><input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18.</p> <p><input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree.</p> <p><input type="checkbox"/> I am married.</p>
<p>Applicant's Information</p>	<p>Parent, Legal Guardian, or Spouse's Information</p>
<p>Applicant's Name: _____</p> <p>First Middle (Full) Last</p> <p>EMPLID (Student ID) _____</p> <p>Date of birth: ____/____/____</p> <p style="text-align: center;">(mm) (dd) (yy)</p>	<p>Provide the name of the person upon whom you are basing your domicile: _____</p> <p>(First) (Middle) (Last)</p>
<p>Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes, you are a permanent resident" what is your "A number"? _____</p> <p>If "No, you are not a permanent resident" what is your immigration status? _____</p>	<p>Using the above person's information, answer the questions below.</p> <p>Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No; If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____</p>
<p>Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____ Official Duty Station: _____</p> <p style="text-align: center;">mm/dd/yyyy State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center;">mm/dd/yyyy mm/dd/yyyy</p>	<p>Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No; If "Yes", Is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____ Official Duty Station: _____</p> <p style="text-align: center;">mm/dd/yyyy State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center;">mm/dd/yyyy mm/dd/yyyy</p>
<p>Are you the dependent of an active duty member in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No; If "Yes", is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____ Official Duty Station: _____</p> <p style="text-align: center;">mm/dd/yyyy State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center;">mm/dd/yyyy mm/dd/yyyy</p>	<p>Is the above person married to an active duty member of the U.S. Armed Forces? If "Yes", is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____ Official Duty Station: _____</p> <p style="text-align: center;">mm/dd/yyyy State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center;">mm/dd/yyyy mm/dd/yyyy</p>
<p>Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," date of discharge/retirement? _____</p> <p style="text-align: center;">mm/dd/yyyy</p> <p>Tax State on LES prior to discharge/retirement: _____</p> <p style="text-align: center;">Tax State</p>	<p>Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," date of discharge/retirement? _____</p> <p style="text-align: center;">mm/dd/yyyy</p> <p>Tax State on LES prior to discharge/retirement: _____</p> <p style="text-align: center;">Tax State</p>
<p>Are you the dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No;</p>	<p>Is the above person a dependent of someone retired from the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No;</p> <p>If "Yes," date of discharge/retirement? _____ mm/dd/yyyy</p> <p>Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>Is the above person a dependent of someone discharged from the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," date of discharge/retirement? _____ mm/dd/yyyy</p> <p>Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>Has the applicant lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" – list address(es) for the last 24 months _____ _____</p>	<p>Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" – list address(es) for the last 24 months _____ _____</p>
<p>For the last 12 months, did the applicant (select only one):</p> <p><input type="checkbox"/> file Virginia income taxes on all earned income</p> <p><input type="checkbox"/> was a resident in a state without income tax (list state) _____</p> <p><input type="checkbox"/> file as a resident in another state (list state) _____</p> <p><input type="checkbox"/> had no taxable income (For example, received SSI)</p> <p><input type="checkbox"/> file as a resident in Virginia and as a non-resident in another state (list state) _____</p>	<p>For the last 12 months, did the above person (select only one):</p> <p><input type="checkbox"/> file Virginia income taxes on all earned income</p> <p><input type="checkbox"/> was a resident in a state without income tax (list state) _____</p> <p><input type="checkbox"/> file as a resident in another state (list state) _____</p> <p><input type="checkbox"/> had no taxable income (For example, received SSI)</p> <p><input type="checkbox"/> file as a resident in Virginia and as a non-resident in another state (list state) _____</p>
<p>For the past twelve months, has the applicant lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list state _____</p>	<p>For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list state _____</p>
<p><i>For the past 12 months, has the applicant:</i> held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p><i>For the past 12 months, has the above person:</i> held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the above person held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>
<p>owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the above person owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>
<p>been registered to vote in Virginia? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>been registered to vote in Virginia? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No If "No," has the above person been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

Date

Signature of Parent, Legal Guardian (If under 24 years old) or Spouse

Date

OFFICE USE ONLY

Date received _____

Approved _____

Disapproved _____

Term _____

Decision Date _____

Signature _____

Date _____