



IDAHO Residency Redetermination Form

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 of perjury under the laws of the State of Idaho. All information will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. **Complete form in full and attach copies of all required documentation.** Qualifications for residency must be met prior to the opening day of the term for which the reclassification is sought. This worksheet and all required documentation must be submitted by the 10th day of the term in which reclassification is sought. Failure to provide required documentation with the worksheet will result in denial of residency. The requirements for residency are found at Idaho Code Title 33, Chapter 37 and IDAPA 08.01.04. **(If you are a veteran that has served at least 2 years and was honorably discharged, please fill out sections 1, 3, and 5 and attach a copy of your DD-214.)**

SECTION 1: General Information – Student

Name (Last, First, MI)		Phone Number: ()	FOR OFFICE USE ONLY	
Current Address (Street, Apt #)		Student ID Number:	Evaluator:	
(City, State, Zip)			<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
E-mail Address	Birth City, State, Country		Date Received:	
1. Name of Last High School Attended _____ State _____ Month/Year Graduated _____			Approved for: <input type="checkbox"/> Fall 20____	
2. At this institution, you are or will be enrolled as a: <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/> Returning Former Student			<input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	
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: Credits _____ Term _____ Year _____ Credits _____ Term _____ Year _____ Credits _____ Term _____ Year _____				
3. Country of citizenship (attach copy of birth certificate or passport): If not USA, answer 3a, 3b and 3c.		3a. Do you hold permanent or temporary resident immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		3b. Do you hold "Conditional Entrant" status with the United States immigration and naturalization service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		3c. Do you hold a visa classification of A, E, G, H-1, I, K, or L? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes to any of the above, you must attach a copy of both sides of the applicable documentation. (If you are not a citizen of the United States and cannot answer yes to 3a, 3b or 3c, you cannot be classified as a resident.)</i>				

SECTION 2 (Dependent Student)

<input type="checkbox"/> One or more of my parents or court appointed legal guardians ("parent/guardian") provides at least 50% of my financial support and has maintained a domicile in Idaho for at least 12 months prior to the term for which I am registering.	If you check this box, your parent or legal guardian must complete SECTION 4 and provide proof of Idaho domicile and all requested supporting documentation. Verification of your dependent status must be documented by submitting a true and correct copy of your parent /guardian's state and federal income tax return for the most recent tax year. The extent of the disclosure required concerning the parent/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.
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SECTION 3 (Independent Student)

<input type="checkbox"/> I receive less than 50% of my support from a parent/guardian, have continuously resided and maintained a bona fide domicile in Idaho primarily for purposes other than educational for the 12 months preceding the term for which I am registering. If you check this box, you (or your spouse, if applicable) must complete SECTION 4 and provide all requested supporting documentation.								
<input type="checkbox"/> I have been physically present in Idaho for the twelve months prior to the term for which residency is sought. If you check this box, you must provide evidence of your presence in Idaho such as: work stubs, letter from your employer, transcripts, verification of weekly volunteer work, debit/credit card statements showing purchases made in Idaho, lease agreement, etc..								
<input type="checkbox"/> I have not been enrolled for more than 8 hours at any college/university during the 12 months prior to the term for which I am registering.								
<input type="checkbox"/> I am married to an Idaho resident and my spouse is classified, or is eligible for classification as a resident for the purposes of attending an Idaho college or university. My spouse's name is: _____	Attach copy of your marriage certificate.							
<input type="checkbox"/> My spouse attends this college/university and has the following ID number: _____								
If you were out of Idaho during the past 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					

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 and prior calendar year, and 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 or prior calendar year.

Signature: _____ Date: _____

SECTION 4 (DOMICILE)

If you qualify as a dependent student under Section 2, your parent /guardian must complete this section. If you qualify as an independent student under Section 3, you, or your spouse if your claim of residency is based on your spouse, must complete this section. Do not leave any questions blank. No decision can be made unless all questions are completed and all required documentation is submitted.		
This section is being completed and signed by: Print Name: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Student	Date of your arrival in Idaho : Month _____ Day _____ Year _____	Date you took action to officially declare Idaho as your permanent, legal domicile: Month _____ Day _____ Year _____

1. Have you been full time in Idaho for the 12 month prior to the term for which residency is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No												
2. Purpose for moving to Idaho: _____												
3. List chronologically your employment and physical residence for the twelve months prior to the term for which residency is sought. Attach additional pages if necessary. Provide supporting documentation from employer confirming employment and hours worked, and evidence of home address such as utility invoices, bank statements, etc.												
DATES OF EMPLOYMENT			LOCATION (OF EMPLOYMENT)			OCCUPATION		HOME ADDRESS				
Mo.	Day	Yr.	Mo.	Day	Yr.	City	State	Employer	Hrs/wk	Street	City	State
From			To									
From			To									
From			To									
4. List state in which income tax return was filed for prior 2 years: _____ <input type="checkbox"/> None filed.										Attach a copy of the first and last page of state income tax return for prior 2 years.		
5. Do you lease or own a home in Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No										If yes, attach a copy of your lease or deed.		
6. Have you ever registered and voted in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date, city and state for your last two voter registrations. Date _____ City _____ State _____ Date Voted _____ Date _____ City _____ State _____ Date Voted _____								If you have voted in Idaho, attach verification of your registration and voter history, obtained from your county clerk.		
7. Do you own or use any motor vehicles, RV's, travel trailers, 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. Type of vehicle _____ License Number _____ State _____ Date of Registry _____ Type of vehicle _____ License Number _____ State _____ Date of Registry _____								If yes, attach a copy of vehicle registration (not the title).		
8. Do you own or use any other property in any state which requires state registration and payment of taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give type of property, state and dates of registry. Type of property _____ State _____ Date of Registry _____ Type of property _____ State _____ Date of Registry _____								If yes, attach a copy of vehicle registration (not the title).		
9. Do you have a valid driver's license or state issued ID card? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, from what state: _____			When did you first obtain a driver's license or state issued ID card in that state? Date _____					If yes, attach a copy of your current driver's license or state issued ID card.		
10. Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when opened? _____			Name of Bank _____ Branch _____ City _____ State _____					If yes, attach documentation of date you opened account.		
11. Do you have minor children enrolled in school in Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, attach documentation from schools at which your minor children are enrolled.					
12. List business or professional licenses held (name & state of issue): _____												
13. Have you received financial assistance from a state governmental unit or agency during the past twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate state, agency, type of assistance, disbursement dates, etc: _____												
14. Will you be receiving state financial assistance during the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate state, agency, type of assistance, disbursement dates, etc: _____												
15. If applying as an independent student, have you ever paid in-state tuition at any public institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of last term _____ Name of Institution _____ Dates Attended: From _____ To _____												
16. If applying as an independent student, have you ever attended an Idaho college/university for more than 8 hours per term? <input type="checkbox"/> Yes <input type="checkbox"/> No												

SECTION 5 (ARMED FORCES / IDAHO NATIONAL GUARD)

<input type="checkbox"/> I am applying for residency as a dependent student and the following checked boxes apply to my parent/guardian.	
<input type="checkbox"/> I am applying for residency as an independent student and the following checked boxes apply to: <input type="checkbox"/> Me <input type="checkbox"/> My Spouse	
<input type="checkbox"/> I am a member of the armed forces of the United States, entered service as an Idaho resident, and have maintained Idaho resident status, but am stationed outside of Idaho.	Attach a copy of the applicable military orders.
<input type="checkbox"/> I am a member of the armed forces of the United States and currently stationed in Idaho.	Attach a copy of the applicable military orders.
<input type="checkbox"/> I am an officer or an enlisted member of the Idaho National Guard.	Attach a copy of assignment orders.
<input type="checkbox"/> I am a member of the armed forces of the United States and currently stationed in _____ County, Idaho.	Attach a copy of the applicable military orders.
<input type="checkbox"/> I am a former member of the armed forces, served for at least 2 years, and at the time of separation designated Idaho as my intended domicile or listed Idaho as my home of record while in service.	Attach a copy of the applicable military orders.

SECTION 6 (ABSENCE FROM IDAHO)

Complete this section if you were domiciled in Idaho for at least 12 months prior to departure from Idaho, did not establish a domicile outside of Idaho, and have recently moved back to Idaho. List dates and reason(s) for absence from Idaho:

DATES			REASONS
Mo.	Day	Yr.	
From	To		
From	To		
<input type="checkbox"/> I was enrolled in a postsecondary institution while absent from Idaho.			Attach letter from the institution stating your residency classification while enrolled.
<input type="checkbox"/> I certify that I did not establish a domicile outside of Idaho while absent for the above time period.			

SECTION 7 (OUT OF STATE RESIDENT TUITION ASSISTANCE):

<input type="checkbox"/> I have received WUE (Western Undergraduate Exchange) non-resident tuition assistance.	From: _____ To: _____
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