

Idaho Residency Redetermination Form



Directions: Please READ ALL instructions, COMPLETE the ENTIRE form, and ATTACH copies of ALL requested documentation.

Please print clearly and answer each question. Incomplete or illegible forms cannot be considered. 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.

Qualifications for residency must be met prior to the first 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. Please email completed form to studentaccounts@cw.edu.

Student Information Section		Term for which Residency is being sought: _____	
What is your current residency status? <input type="checkbox"/> Out-of-State <input type="checkbox"/> Out-of-District		What Residency Status is being sought? <input type="checkbox"/> In-State <input type="checkbox"/> In-District	
Name (Last, First, MI)		Student ID Number:	
Current Address (Street, Apt. #)		Phone Number:	
City, State, Zip		Email Address	
Birth City, State, Country			
Do you hold permanent or temporary resident immigration status (including DACA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you hold a visa classification of A, E, G, H-1, I, K, or L? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to either of these questions, you must ATTACH a copy of both sides of the applicable documentation. (If you are not a citizen of the United States AND you cannot answer yes to either of these two questions, you CANNOT be classified as a resident.)			
Name of Last High School Attended: _____ State: _____ Month/Year Graduated: _____			
Please select either DEPENDENT or INDEPENDENT			
<input type="checkbox"/> DEPENDENT 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 start of the term for which I am seeking reclassification.		If you check this box, your parent or legal guardian must complete the Residency Section of this form, and provide proof of maintaining an Idaho domicile and provide copies of all requested supporting documentation. **Verification of your dependent status must be documented by submitting a true and correct copy of your parent /guardian's Idaho State income tax return for the most recent tax year.** (The extent of the disclosure required concerning the parent/guardian's state return 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.)	
<input type="checkbox"/> INDEPENDENT I receive less than 50% of my support from a parent/guardian, and have continuously resided and maintained a bona fide domicile in Idaho primarily for purposes other than educational for at least 12 months prior to the start of the term for which I am seeking reclassification.		If you check this box, you or your spouse must complete the Residency Section of this form, and provide all requested supporting documentation. **If you are claiming residency based on your spouse's residency status, you MUST attach a copy of your Marriage Certificate proving that you are a married couple.**	
Armed Forces / Idaho National Guard		If you selected DEPENDENT, you must provide the required documentation of military service for your parent or guardian that is a member of the military. If you selected INDEPENDENT, you must provide the required documentation of military service for yourself or your spouse. Attach a copy of your Marriage Certificate if you are using your spouse's military status.	
Are you, your spouse, parent or guardian a former member of the Armed Forces that served at least 2 years of active service and were honorably discharged?		<input type="checkbox"/> Yes <input type="checkbox"/> No Attach the Member 4 copy of the service member's DD-214.	
Are you, your spouse, parent, or guardian a member of the Armed Forces currently stationed in Idaho on military orders?		<input type="checkbox"/> Yes <input type="checkbox"/> No Attach a copy of the service member's military orders.	
Are you a member of the Idaho National Guard?		<input type="checkbox"/> Yes <input type="checkbox"/> No Attach a copy of the service member's assignment orders.	
Are you, your spouse, parent, or guardian a member of the Armed Forces, entered service as an Idaho resident, have maintained Idaho resident status, and currently stationed outside of Idaho?		<input type="checkbox"/> Yes <input type="checkbox"/> No Attach a copy of the service member's military orders.	
Please see page 2 for Residency Section			

Residency Section

Instructions: If you qualify as a **DEPENDENT** student, your parent/guardian must complete this section. If you qualify as an **INDEPENDENT** student, 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.**

All documentation must have the student, parent, or guardian's name, Idaho address, and be dated at least 12 months prior to the start of the semester in which reclassification is sought.

* **Note:** If your residency status is **Out-of-District**, please provide at least one of the documents listed in either section A or B below.

This section is being completed by: Print Name: _____ Parent Legal Guardian Spouse Student

Have you established Idaho Residency at least 12 months prior to the start of the term for which residency is sought? Yes No

Residency Section A

If you have any **ONE** of the following three documents, it is enough to qualify you for reclassification as a resident of Idaho.

1. Idaho State Tax Return Form 40 for the previous tax year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your State Income Tax Return for the past year. (Idaho Tax Form 43 and W-2's do not work)
2. Have you purchased your current Idaho domicile? (INDEPENDENT STUDENTS ONLY) Purchase Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach proof of home ownership.
3. Have you worked in Idaho full-time (40 hours per week) for at least 12 months prior to the start of the semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of your paycheck stubs proving at least 12 months of full-time employment for at least 40 hours per week OR Attach a letter from your employer showing your hire date and average hours worked per week. (W-2's do NOT work)

Residency Section B

If you do not have one of the three documents listed in Residency Section A, **you must provide at least FIVE documents that are not self-generated, and have the student, spouse, parent, or guardian's name, Idaho address, and are dated at least 12 months prior to the start of the semester for which reclassification is being sought.** Below is a list of documents that will satisfy this requirement. **(This is NOT a comprehensive list.)**

Do you have a valid Idaho Driver's License or State Issued ID card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your current driver's license or state issued ID card. (It CANNOT be expired)
Do you own any motor vehicles, RV's, travel trailers, boats, or mobile homes registered in Idaho?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of the Idaho Registration (NOT the Title).
Are you registered to vote in Idaho?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your Voter Registration (The Precinct card will NOT work.)
Do you rent or lease a home or apartment in Idaho?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of the lease covering at least the 12 months prior to the start of the semester.
Do you have an Idaho Bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your bank statement. (A printout of your banking transactions will NOT work.)
Did you file Idaho Taxes using Tax Form 43 as a part year resident for the previous tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your Idaho Tax Form 43.
Did you work in Idaho part-time for at least 12 months prior to the start of the semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of your paycheck stubs proving at least 12 months of part-time employment OR attach a letter from your employer showing your hire date. (W-2's do NOT work)

Student's Sworn Statement:

By signing this form, I indicate that all statements set forth in this application are true to the best of my knowledge and belief and derived from documents submitted with this application. I also indicate that, if selecting the INDEPENDENT box, I have not been and will not be claimed as an exemption for 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 to the amount that 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. I also indicate that, if selecting the DEPENDENT box, I have received at least 50% of my support from an Idaho resident that has claimed me as a dependent on his/her Idaho State Tax return for tax purposes. I understand that my residency is based on the documentation attached to this form provided by me, my spouse, my parent, and/or my guardian.

Signature: _____ Date: _____

Documentation Checklist:

- Copy of Birth Certificate, Passport, Immigration Documents, and/or Visa
- Copy of Idaho Tax Form 40 to prove Dependent Status (If Applicable)
- Copy of Marriage Certificate if using spouse's residency or military status. (If Applicable)
- Copy of your DD-214 or military orders. (If Applicable)
- Copy of one of the documents listed in Residency Section A.
 - o Document 1: _____
- Copy of at least five documents that meet the requirements in Residency Section B. (Student, spouse, parent, or guardian's name, Idaho address, and the date is at least 12 months prior to the start of the semester for which reclassification is being sought.
 - o Document 1: _____
 - o Document 2: _____
 - o Document 3: _____
 - o Document 4: _____
 - o Document 5: _____