



Domicile Determination Form
Mark the domicile category that applies to you from choices 1-6 below.
Choose only one category.

All students taking credit classes must complete this form.

STUDENT NAME: _____ **EMPLID:** _____

- 1.** Self: I am age 24 or older and want to claim eligibility based on my own domicile.
- 2.** Self: I am under the age of 24 and want to claim eligibility based on my own domicile for the following reason(s):
 - I am a veteran or active-duty member of the U.S. Armed forces.
 - Both of my parents are deceased, and I have no adoptive or legal guardian.
 - I have legal dependents other than my spouse.
 - I am financially self-sufficient.
 - I am a ward of the court or was a ward of the court until age 18.
 - I have a bachelor's degree and I am working on a graduate degree.
 - I am married.

- 3.** Spouse: I am age 24 or older and want to claim eligibility for in-state tuition based on my spouse's domicile.
- 4.** Spouse: I am under age 24 and I want to claim eligibility for in-state tuition based on my spouse's domicile.
- 5.** Parent: I am under age 24 and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
- 6.** Legal Guardian: I am under age 24 and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes

You may be required to supply "clear and convincing evidence" of your status.

If you marked box **1 or 2**, please complete section **A** below.
 If you marked box **3, 4, 5, or 6**, please have your parent, legal guardian, or spouse complete Section **B** below.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____ First Middle Last Date of Birth: _____</p>	<p>1. Provide the name of the person upon whom you are basing your domicile: _____ First Middle Last</p>
<p>2. 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 If "Yes", what is your "A Number"? _____ If "No", what is your immigration status? _____</p>	<p>2. Using the above person's information, answer the questions below. Is the person above 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 If "Yes" what is his/her "A number"? _____ If "No" what is his/her immigration status? _____</p>
<p>3. Are you 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 Date of Entry: _____ Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____</p>	<p>3. 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 his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____</p>
<p>4. 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 your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____</p>	<p>4. Is the above person married to an active-duty member of 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 Date of Entry: _____ Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____</p>

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. 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>Tax State on LES prior to discharge/retirement: _____</p>	<p>5. 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>Tax State on LES prior to discharge/retirement: _____</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces? <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: _____</p> <p>Tax State on LES prior to discharge/retirement: _____</p>	<p>6. Is the person above a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the person above a 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: _____</p> <p>Tax State on LES prior to discharge/retirement: _____</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No", list the addresses for the last 24 months:</p> <p>From Date: _____ To Date: _____</p> <p>Address: _____</p> <p>From Date: _____ To Date: _____</p> <p>Address: _____</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No", list the addresses for the last 24 months:</p> <p>From Date: _____ To Date: _____</p> <p>Address: _____</p> <p>From Date: _____ To Date: _____</p> <p>Address: _____</p>
<p>8. For the last 12 months, which of the following applies to you:</p> <p><input type="checkbox"/> Paid Virginia income taxes on all earned income</p> <p><input type="checkbox"/> Filed as a resident in another state (State: _____)</p> <p><input type="checkbox"/> Filed as a resident in Virginia and as a non-resident in another state (State: _____)</p> <p><input type="checkbox"/> Was a resident in a state without income tax (State: _____)</p> <p><input type="checkbox"/> Had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person:</p> <p><input type="checkbox"/> Paid Virginia income taxes on all earned income</p> <p><input type="checkbox"/> Filed as a resident in another state (State: _____)</p> <p><input type="checkbox"/> Filed as a resident in Virginia and as a non-resident in another state (State: _____)</p> <p><input type="checkbox"/> Was a resident in a state without income tax (State: _____)</p> <p><input type="checkbox"/> Had no taxable income</p>
<p>9. For the past twelve months, have you 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</p> <p>If "Yes", list state: _____</p>	<p>9. 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</p> <p>If "Yes", list state: _____</p>
<p>10. For the past 12 months, have you:</p> <p>•Held a Virginia Driver's License or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" have you held a Driver's License or DMV ID to any other state? <input type="checkbox"/> Yes (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" have you owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (State: _____) <input type="checkbox"/> No</p> <p>•Been Registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", have you been registered to vote in another state? <input type="checkbox"/> Yes (State: _____) <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person:</p> <p>•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 (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 (State: _____) <input type="checkbox"/> No</p> <p>•Been Registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", has the above person been registered to vote in another state? <input type="checkbox"/> Yes (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 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