

Fayetteville State University

NORTH CAROLINA RESIDENCE & TUITION STATUS APPLICATION

Under North Carolina law, a person may qualify as a resident for tuition purposes in North Carolina, thereby being eligible for a tuition rate lower than that for nonresidents for tuition purposes. Copies of the applicable law and of implementing University regulations are available for inspection in admissions office and on the website. North Carolina statute (G.S. 116-143) requires: "To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." G.S. 116-143.1 also sets forth statutory definitions, rules, and special provisions for determining resident status for tuition purposes.

DIRECTIONS

- 1. You must answer all questions. If your form is incomplete, we cannot make a residency decision. If you feel a question is not applicable, you must indicate that with "NA". **Please note: You cannot save this form; be prepared to complete and print the form in one sitting.**
- 2. Print or type all responses. You may attach additional pages if you need to, making sure that you number your responses the same as the corresponding question.
- 3. Be completely accurate to the best of your knowledge and understanding. Falsification of this application may subject you to disciplinary action, including dismissal from the University.
- 4. Sign and date this application where indicated to make those acknowledgments and certifications necessary to render this a viable application.

1. Applicant's Full Name _____ 2. Banner ID _____ SSN (Optional) _____
Country of Citizenship _____ 3. Date of Birth (MM/DD/YY) _____
Place of Birth (City and State) _____
4. Current Address _____ City,State & Zip _____
Current Address Until _____ Current Phone # (no dashes 9106721111): _____
5. Permanent Address _____ City,State & Zip _____
Permanent Address Since _____ Permanent Phone # (no dashes 9106721111): _____
6. Previous Home Address in NC (City,State) _____
From (M/YY) _____ To (M/YY) _____
7. Last Previous Home Address Outside NC (City,State) _____
From (M/YY) _____ To (M/YY) _____
8. Are you currently enrolled at FSU? _____ Are you applying for admission? _____
Indicate the earliest term and indicate year in which you want this residency decision to apply. Year _____ Term _____
9. Why did you move your home to North Carolina? _____ On what date did you move to NC (M/YY)? _____
10. From what state or foreign country did you move your home and legal residence: _____
11. When do you claim your legal residence in North Carolina began (M/YY)? _____

12. Has your residence status for tuition purposes been previously determined by a NC public including FSU? _____
If yes: Name of Institution(s): _____
Last Term and Year of Classification _____ Classification: _____
Has your residence status ever been determined on appeal by the Residence Status Committee? _____ If so, when (M/YY)? _____

13. Secondary (high or preparatory) school you attended in sequence:

Name: _____ Address (City/State) _____ From (M/YY) _____ To (M/YY) _____
Name: _____ Address (City/State) _____ From (M/YY) _____ To (M/YY) _____

14. List ALL post-secondary schools (colleges, universities, junior colleges, community colleges, etc) you have attended, in sequence:

Name: _____ Address (City/State) _____ From (M/YY) _____ To (M/YY) _____

Name: _____ Address (City/State) _____ From (M/YY) _____ To (M/YY) _____

15. Father Living? _____ Name: _____ Occupation: _____
 Permanent Home Address: _____ Since (M/YY): _____

16. Mother Living? _____ Name: _____ Occupation: _____
 Permanent Home Address: _____ Since (M/YY): _____

17. Parents separated or divorced? _____ Who has/had custody of you? _____

18. Legal Guardian? _____ Name: _____ Occupation: _____
 Permanent Home Address: _____ Since (M/YY): _____

Court Appointed Where (City/State): _____ On (Date): _____

19. Who (including yourself) last claimed you as an exemption on state and/or federal income tax returns, for what tax year, and in what state was it filed?

On State tax return for (year): _____ tax year, filed in (state): _____ on (date): _____ Name: _____

Relationship to you: _____ On Federal tax return for (year): _____ tax year, filed in (state): _____

on (date) _____ Name: _____ Relationship to you: _____

Does anyone intend to claim you as a dependant on state/federal tax returns for the current tax year? _____

20. List in chronological order to date of this application *all* places you have spent at least 7 consecutive days during the past three years. Your response must include your current address, all other places lived, and vacations.

Place (City/State) _____ Reason _____ From (date) _____ From (date) _____

Place (City/State) _____ Reason _____ From (date) _____ From (date) _____

Place (City/State) _____ Reason _____ From (date) _____ From (date) _____

21. When and where (state or foreign country) did you do each of the following during the last 24 months? List each time you did each act. If you have not done any in the last 24 months, list when and where such acts were done the last time you did them; if never write "never".

State/M/D/YYYY State/M/D/YYYY State/M/D/YYYY

a. Registered to vote _____

b. Voted _____

c. Called to serve on jury duty _____

d. Acquired or renewed driver's license _____

e. Acquired ownership of property for use as your principal dwelling _____

f. Inclusive dates of such property ownership: (From/To): _____

g. Filed state intangibles tax return _____

h. Listed personal property for taxation in the county where you live _____

i. Filed state income tax return _____

Did you file as a resident or non-resident of that state _____

j. Had state income tax withheld during the current tax year? _____

Beginning (State/ M/D/YYYY) _____

During the previous year _____

Beginning (State/ M/D/YYYY) _____

Was all of the amount withheld refunded to you? _____

K. Registered/licensed a motor vehicle (car, truck, or Type _____ Type _____ Type _____
 other requiring license): Where _____ Where _____ Where _____

M/D/YY _____ M/D/YY _____ M/D/YY _____

22. The car(s) or other motor vehicle which you maintain and operate in NC are owned by:

Name _____ Address, City, State _____ Registered/Licensed in (state) _____
 Insured in the name of _____ Insurer's Address _____

23. List the addresses at which you own and maintain personal property (clothing, furniture, cars, boats, checking or saving accounts, stocks, bonds, pets, jewelry, appliances, etc) and give the percentage of total personal property maintained at each address:

Address (City/State): _____ % at this address: _____
 Address (City/State): _____ % at this address: _____

24. List your employment for wages in the late 24 months:

Job title: _____	Employer: _____	Address(City/State): _____
Date from (M/YY): _____	Date from (M/YY): _____	Hrs. per week: _____
Job title: _____	Employer: _____	Address(City/State): _____
Date from (M/YY): _____	Date from (M/YY): _____	Hrs. per week: _____
Job title: _____	Employer: _____	Address(City/State): _____
Date from (M/YY): _____	Date from (M/YY): _____	Hrs. per week: _____

25. Of the total money required to meet your expenses, what percentage came from each of the following sources and what was it used for?

Preceding Calendar Year (Jan-Dec): _____			Current Calendar Year (Jan-Dec): _____		
Source	% of Total	Used for	Source	% of Total	Used for
Your earnings	_____	_____	Your earnings	_____	_____
Your savings	_____	_____	Your savings	_____	_____
Parents/Guardian	_____	_____	Parents/Guardian	_____	_____
Name: _____			Name: _____		
Other	_____	_____	Other	_____	_____
Specify, for example spouse			Specify, for example spouse		
Total	_____	_____	Total	_____	_____

26. a) Have you or either of your parents been in active military service within the past two years?

If so, for each such person, ATTACH copies of the "Leave and Earnings Statements" for the most recent pay period and for the pay period 12 months ago.

b) If you or either of your parents have been in active military service or other federal government employment within the past two years, answer the following for each such person:

Name: _____	Relationship to you: _____	Home address upon entry (city/state): _____
Official "home of record" (City/State): _____	Official home address now (City/Ctate): _____	Date this address declared (M/D/YY): _____
Home address upon discharge: _____	Date of discharge (M/D/YY): _____	
Legal residence most recently claimed on DD Form 2058 (State of Legal Residence): _____	Date DD Form 2058 was completed(M/D/YY) _____	
Place to which mileage was paid upon discharge (city/state): _____	State income tax withheld: _____	From what date (M/D/YY): _____
Name: _____	Relationship to you: _____	Home address upon entry (city/state): _____
Official "home of record" (City/State): _____	Official home address now (City/State): _____	Date this address declared (M/D/YY): _____
Home address upon discharge: _____	Date of discharge (M/D/YY): _____	
Legal residence most recently claimed on DD Form 2058 (State of Legal Residence): _____	Date DD Form 2058 was completed(M/D/YY) _____	
Place to which mileage was paid upon discharge (City/State): _____	State income tax withheld: _____	From what date (M/D/YY): _____

26. Answer the questions below for each of the following individuals:

* Your parents (or legal guardian) if you now live with them or have lived with them in the past 24 months or if they have claimed you as a dependent for tax purposes in the past 24 months. Answer this question for your father unless your parents are separated or divorced. If your parents are separated or divorced answer this question for both parents.

* Any other person who has claimed you as a dependent for tax purposes within the past 24 months.

a) Name(s): _____ Relationship to you: _____

Permanent home address (Street, City, State): _____ Lived at this address since (M/YY): _____

Last previous home address (City, State): _____ From (M/YY) _____ To (M/YY) _____

b) Where (state or foreign country) and when did this person do each of the following during the last 24 months? List each time he or she did each such act. (If not done in the last 24 months, where and when did he or she do these acts last? If never done at all, write "never"):

	State/M/D/YYYY	State/M/D/YYYY	State/M/D/YYYY
1. Registered to vote	_____	_____	_____
2. Voted	_____	_____	_____
3. Called to serve on jury duty	_____	_____	_____
4. Acquired or renewed driver's license	_____	_____	_____
5. Acquired ownership of property for use as your principal dwelling	_____	_____	_____
6. Inclusive dates of such property ownership: (From/To):	_____	_____	_____
7. Filed state intangibles tax return	_____	_____	_____
8. Listed personal property for taxation in the county where you live	_____	_____	_____
9. Filed state income tax return	_____	_____	_____
Did you file as a resident or non-resident of that state	_____	_____	_____
10. Registered/licensed a motor vehicle (car, truck, or other requiring license):	Type Where M/D/YY	Type Where M/D/YY	Type Where M/D/YY
11. Claimed you as an exemption on state and/or federal income tax returns, for what tax year, and in what state was it filed?			
On State tax return for (year): _____ tax year, filed in (state) _____ on (date) _____			
On Federal tax return for (year): _____ tax year, filed in (state) _____ on (date) _____			

If there are additional circumstances, events, or acts that you feel support your claim to NC legal residence (domicile) for tuition purposes, explain below, specifying the place and date of its occurrence. Please attach additional sheets (typed) if necessary.

Empty box for additional circumstances, events, or acts.

SIGNATURE AND ACKNOWLEDGEMENT

I hereby acknowledge that completion of Item 2 (Social Security number) is voluntary*, and is requested by the institution as a temporary identifier until a Personal Identification Number (PID) is assigned. I understand that I might be required to provide my SSN to the University so that the University can fulfill its reporting obligations under Federal and State tax laws.

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed. I understand that knowingly falsifying my responses may subject me to disciplinary action, including dismissal from the University.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

Signature of Applicant

Signature of parent or guardian also,
if applicant is under 18 years of age

Date

Please return to your completed form to the Office of Academic Affairs, Alumni House, Room 103
Fayetteville State University, 1200 Murchison Road, Fayetteville, NC 28301-4298