

# APPLICATION FOR CLASSIFICATION AS A SOUTH CAROLINA RESIDENT (DOMICILIARY) FOR TUITION AND FEE PURPOSES



OFFICE OF THE REGISTRAR  
POST OFFICE BOX 8104 ♦ 300 COLLEGE STREET, NORTHEAST  
ORANGEBURG, SC 29117-0001 ♦ (803) 536-7185/8405 ♦ FAX: (803) 536-8602

## REQUIRED RESIDENCY DOCUMENTS

To ensure that your application packet is complete, please provide appropriate documents according to your filing status (see application for filing status).  
All applicable documents according to your filing status are required.

ALL QUESTIONS MUST BE ANSWERED IN THE REQUIRED FILING STATUS SECTIONS TO AVOID DELAYS IN PROCESSING YOUR APPLICATION FOR RESIDENCY.

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PLEASE SUBMIT 30 DAYS PRIOR TO THE REQUESTED IN STATE TERM:

SPECIAL NOTE: PLEASE ALLOW SEVEN (7) WORKING DAYS FOR PROCESSING THE RESIDENCY APPLICATION:

### ➤ Required Documents- If applicable to you

- A valid copy of your Driver's License or person whom residency is requested.
- A signed copy of your SC State and Federal Income Tax Returns from previous two years to include W-2 forms.
- A signed copy of State and Federal Tax Returns for previous two years of parents or legal guardian.
- A copy of your Visa, Alien Registration Cards.
- A copy of your most recent Pay Stubs.
- A copy of your Vehicle Registration form of the car that you drive.
- Retirement: Official documentation to verify a disability retirement pension or annuity.

➤ :

- A statement of **full-time** employment from your manager or personnel director on original employer's letterhead: include the number of hours worked per week, start date of employment, permanent full-time or part time.
- Copy of Legal Guardianship Documents, if applicable.
- A Notarized Affidavit of Financial Independence.
- A Notarized Certificate of Independence from parents or guardian.
- A copy of all financial aid documents, scholarships, Tuition Pay Plan, etc. as certified by the Office of Financial Aid.
- Current Lease Agreement or Deed and Title of home that you reside in.
- Bills – Telephone, Utility, Cable, House Insurance, Car Insurance. etc.

### ➤ For persons asserting residency on the basis of active military duty, you should also submit he following:

- A copy of Military Documents if applicable, to include DD214, DD2058 and most recent military orders

### Inquires Concerning South Carolina Residency

Determination of residency status will be made in compliance with South Carolina Code of Laws: A list of frequently asked questions about S.C. Residency can be viewed at the state's Web site:

<http://www.che.sc.gov/StudentServices/Residency/Q&AResidency2008.pdf>



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Applicant's Name: Last First Middle
Campus Wide ID# Date of Birth: Age:
Marital Status: If married, date of marriage:
Permanent Phone#: Daytime Phone:
Present Address:
Permanent Home Address:
Semester you are requesting in-state to begin:
Date classes will begin for the semester for which you are requesting in-state status:

Part 1. Filing Status (Check Only One)

- (A) I am requesting resident status on the basis that I am an independent person who has physically resided and established permanent home in South Carolina for at least twelve months immediately preceding the term I am requesting resident status. (Complete Parts 2, 3, 4, 5, and 10.)
(B) I am requesting resident status on the basis that I am a dependent of a person who has physically resided and established a permanent home in South Carolina for at least twelve months immediately preceding the term I am requesting resident status.
Name of person upon whom you are dependent:
Relation to you: (Complete Parts 7, 8, and 10.)
(C) I am requesting resident status on the basis that:
I am a dependent person and my spouse, is.
I am a dependent person and my parent, is. a full-time employee in South Carolina who has been a permanent resident of the State for less than twelve months. (Complete Parts 7,8, and 10.)
I am a full-time employee in South Carolina who has been a permanent resident in the state for less than twelve months. (Complete Parts 2, 3, 4, 5, 6, and 10.)
(D) I am requesting resident status on the basis that
I am a dependent person and my spouse, is...
I am a dependent person and my parent, is retired, receiving a retirement pension or annuity, and has been a permanent resident of the State for less than twelve months. (Complete Parts 7, 8, and 10.)
I am retired, receiving a retirement pension or annuity, and have been a permanent resident in the State for less than twelve months. (Complete Parts 2, 3, 4, 5, 6, and 10.)
(E) I am requesting resident status on the basis that
I am a dependent person and my spouse, is...
I am a dependent person and my parent, is...
I am ... on active military duty in South Carolina. (Complete Parts 9 and 10.)

PART 2. Personal Statement

- (A) Date I came/returned to South Carolina:
(B) Date I claim permanent residence in South Carolina established/re-established:
\*\*Attach documentation that verifies the date you moved into a permanent place of residence in South Carolina (ex: photo copy of lease. Rental agreement, closing statement for purchase of a home, bills for utility connections, change of permanent home address with post office.)
(C) Provide in the space on the following page a clear and complete statement covering the following items and any other facts and circumstances which, in your opinion, establishes your legal residence in South Carolina. Attached separate sheet, if necessary.

- (1) Purpose for coming /returning to South Carolina;
- (2) When you decided to establish/re-establish permanent residence in South Carolina;
- (3) Factors which influenced your decision to establish /re-establish permanent residence on date given in (B) above;
- (4) Immediate and long-range plans;
- (5) Reasons why you expect to move out of the State after completing your studies or to remain in South Carolina indefinitely.

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**PART 3. Domicile Information**

(A) Addresses where you have lived during the past 24 months:

Address	City/State	Dates
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(B) Do you own or rent your place of residence? \_\_\_\_\_ If own, when did you purchase it? \_\_\_\_\_  
 City/State of Residence: \_\_\_\_\_

(C) Are you a U.S. citizen? \_\_\_\_\_ If not, type of visa you hold: \_\_\_\_\_  
 Alien registration number: \_\_\_\_\_ Date of issue: \_\_\_\_\_  
**\*\* Attach a photocopy of visa or alien registration card (front and back).**

(D) Are all, or substantially all, of your possessions in South Carolina? \_\_\_\_\_  
 If not, in what State are most of your possessions? \_\_\_\_\_

(E) Do you have a checking account at a bank in South Carolina? \_\_\_\_\_  
 If so, how long have you had the account? \_\_\_\_\_

(F) Do you have a savings account at a bank in South Carolina? \_\_\_\_\_  
 If so, how long have you had the account? \_\_\_\_\_

(G) Do you have a checking or savings account at a bank in another State? \_\_\_\_\_  
 If so, in what State? \_\_\_\_\_

(H) Do you have a valid driver's license? \_\_\_\_\_ If so, what State issued it \_\_\_\_\_  
 Date of issued: \_\_\_\_\_ **\*\* If you have a South Carolina license, attach a photocopy.**

(I) Is the motor vehicle which you use registered in your name? \_\_\_\_\_  
 If not, in whose name is it registered? \_\_\_\_\_  
**\*\* If your motor vehicle is registered in South Carolina, attach a photocopy of current vehicle registration certificate and, if possible, the earliest registration you still have. Attached a copy of the registration for the car you drive.**

(J) Did you file State Income Tax returns in any State during the past 24 months? \_\_\_\_\_ If so, when and in what State did you file the returns?

State	Year	Date Filed
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**\*\*If filed State Returns the previous tax year, attach photocopy of each return. Also, attach a copy of Federal Return and W-2 forms for the previous tax year. (Tax Returns submitted must be signed.)**

(L) Will you file a State Income Tax Return for the current tax year? \_\_\_\_\_ If so, in what state will you file? \_\_\_\_\_

**PART 4 Financial Support**

(A) Sources and percentages of support for the tax year immediately preceding the year which in-state status is requested:  
 Parents \_\_\_\_\_; spouse \_\_\_\_\_%; your employment \_\_\_\_\_% VA benefits \_\_\_\_\_%; Social Security \_\_\_\_\_%;  
 Student financial aid \_\_\_\_\_%; other sources (specify \_\_\_\_\_%; \_\_\_\_\_%; \_\_\_\_\_%).

(B) Person who last claimed you as a dependent (or exemption) on a Federal Income Tax Return: (Do not list yourself.)  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City/State of Residence of Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Tax year person last claimed you as a dependent (or exemption): \_\_\_\_\_

(C) Will you be claimed as a dependent (or exemption) on someone's Income Tax Return for the current year? \_\_\_\_\_  
 If so, give the name and address of person who will claim you:  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

**PART 5. Employment Information**

(A) List all employment for previous 24 months:

Dates	Employer	City/State	Full-Time or Part-time	No. Hours Per Week

(B) If currently employed, do you expect any change in your employment status within the next six months? \_\_\_\_\_  
 If so, explain \_\_\_\_\_  
 \* If you are requesting in-state based on full-time employment in the state, attach a letter (on letterhead stationery) from your employer. The letter needs to state: (a) the effective date of your employment in South Carolina, (b) that such employment is on a full-time basis, and (c) the number of hours you work a week. (d) start date of employment. Persons who are self-employed should provide a notarized statement certifying the foregoing information and submit a copy of their South Carolina business license.  
 \*\* If you are requesting in-state status based on your retirement, attach official documentation, which verifies that you receive a retirement pension or annuity; i.e. check stub, pension letter, documentation of dependents.

**PART 6 Educational Data**

(A) List high school(s) attended:

Dates	Name of High School	City/State

(B) List all colleges and universities attended: (Include attendance at SCSU.)

Dates	Name of Institution	City/State	Full-time or Part-time	Resident or Non-resident

**PART 7 Domicile of Person Upon Whom In-State Determination Is To Be Based (To be completed if you are a dependent person.)**

Name of person: \_\_\_\_\_ Relationship: \_\_\_\_\_

(A) How long has person physically resided in South Carolina as a legal resident of the State? \_\_\_\_\_, from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_.

(B) Is this person a U.S. citizen? \_\_\_\_\_ If not, type of visa person holds: \_\_\_\_\_  
 \_\_\_\_\_ Date of issue: \_\_\_\_\_

**\*\*Attach photocopy of the person's alien registration card (front and back.)**

(C) Has the person ever claimed you as a dependent (or exemption) for Federal Income Tax purposes? \_\_\_\_\_  
 If so, tax year person claimed you? \_\_\_\_\_ Will person claim you as a dependent (or exemption) on current year's Federal Return? \_\_\_\_\_  
**\*\* If claimed as a dependent (or exemption) the previous tax year, attach photocopy of person's Federal Income Tax Returns for previous tax year. (Tax Return submitted must be signed.)**

(D) Does person have driver's license? \_\_\_\_\_ If so, in what state? \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
**\*\*If person has South Carolina driver's license, attach photocopy of license.**

(E) Does person own a car? \_\_\_\_\_ If so, in what state is the car registered? \_\_\_\_\_  
 Date of current vehicle registration certificate: \_\_\_\_\_  
**\*\*If vehicle registered in South Carolina, attach a photocopy of current registration certificate.**

(F) Did person file a South Carolina Income Tax Return for the previous tax year? \_\_\_\_\_  
 If so, date filed: \_\_\_\_\_ Will person file a South Carolina return for the current tax year? \_\_\_\_\_  
**\*\*If person filed a South Carolina return for the previous tax year, attach a photo copy of the South Carolina Tax Return. Also, attach a copy of all other state returns filed for the previous tax year. (Tax returns submitted must be signed.)**

(G) Addresses where person has lived during the past 24 months:

Address

City/State

Dates

**PART 8 Employment of Person Whom In-State Determination Is To Be Based (To be completed if you are a dependent person.)**

(A) List employment of person for past 24 months:

Dates

Employer

City/State

Full-time or

No. Hours

(B) If person is employed, does person expect any change in his or her employment within the next six months? \_\_\_\_\_  
If so, explain \_\_\_\_\_

**\*If you are requesting in-state status based on person's full-time employment in the state, attach a letter (on letterhead stationery) from the person's employer. The letter needs to state: (a) the effective date of person's employment in South Carolina, (b) that such employment is on a full-time basis, and (c) the number of hours person works a week. Persons who are self-employed should provide a notarized statement certifying the foregoing information and submit a copy of their South Carolina business license.**

**\*If you are requesting in-state status based on person's retirement, attach official documentation which verifies that the person receives a retirement pension or annuity.**

**PART 9. Military Information**

(A) Military installation to which you/your sponsor is stationed: \_\_\_\_\_  
Date assignment began in South Carolina: \_\_\_\_\_

(B) Expected length of assignment in South Carolina: \_\_\_\_\_  
**\*\* Attach a photocopy of military orders or other official documentation which verifies the date you/your sponsor's active duty assignment began in South Carolina.**

(C) You/Your sponsor's state of legal residence: \_\_\_\_\_  
**\*\* If you are a dependent person, attach a photocopy of sponsor's Federal Income Tax Return for the previous tax year. The financial data on the return may be marked out. (Tax return submitted must be signed.)**

**PART 10. Student/Applicant Status**

Check appropriate categories:

Undergraduate

Graduate

New Student

Continuing Student

**PART II. Certification - To be read and signed by all applicants to certify the accuracy of the information provided.**

I certify under penalty of perjury, that the foregoing statements and any other information submitted by me in connection with the determination of my residence are true, complete, and accurate. I certify (swear) that so long as I am a student at this institution, I will advise the residency manager if there is a change in any of the facts upon which the residence determination was made.

Willful misrepresentation of fact in an attempt to gain residency improperly will result in out-of-state tuition and fees past due and unpaid to be charged to the student's account. I understand that there will be random audits to verify the residency of students and documents will be verified to include tax.

**REFUND POLICY:** All requests for refunds are limited to the current academic year for which the refund is requested. Refunds may be requested any time during the academic year in which the applicable term occurs. Applications for resident status must be completed before the end of the academic year in which a refund is requested. The academic year begins with the Fall term and ends with the last Summer session.

Applicant's Signature

Date



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CERTIFICATE OF INDEPENDENCE

\_\_\_\_\_, parents of \_\_\_\_\_, reside at \_\_\_\_\_.  
We hereby announce and declare this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_, that we last claimed our son/daughter, (Tax Year) \_\_\_\_\_, as a dependent on our Income Tax Return. We will not ( )/ did not ( ) claim him/her as a dependent on our \_\_\_\_\_ federal income tax return. We certify further that we have not or will not provide more than half of his/her total support the twelve months immediately prior to the semester for which he/she is requesting South Carolina resident status, and we will not provide more than half of his/her support while he/she is attending SC State should he/she be granted South Carolina resident status. During the \_\_\_\_\_ tax year, we will contribute/have contributed approximately \$\_\_\_\_\_ to the support of our son/daughter \_\_\_\_\_.

We agree to provide, if requested, documentary proof, which may include a photocopy of applicable Federal Income Tax Returns, to verify the above statement.

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

Notary Public Notarize below:



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AFFIDAVIT OF FINANCIAL INDEPENDENCE

Name: \_\_\_\_\_ CWID# \_\_\_\_\_

Source of Funds  
(August \_\_\_\_\_ thru July \_\_\_\_\_)

Expenses  
(August \_\_\_\_\_ thru July \_\_\_\_\_)

\*Your Earned Income \$ \_\_\_\_\_  
Money from Father \_\_\_\_\_  
Money from Mother \_\_\_\_\_  
Money from Guardian \_\_\_\_\_  
Money from Spouse \_\_\_\_\_  
\*V.A. Benefits \_\_\_\_\_  
\*Social Security \_\_\_\_\_  
\*Scholarships \_\_\_\_\_  
\*Grants \_\_\_\_\_  
\*Loans \_\_\_\_\_  
(Type) \_\_\_\_\_  
(Type) \_\_\_\_\_  
\*Other (Explain)

Rent/Mortgage \$ \_\_\_\_\_  
Utilities \_\_\_\_\_  
Medical/Dental \_\_\_\_\_  
Tuition & Fees \_\_\_\_\_  
Books/Supplies \_\_\_\_\_  
Transportation \_\_\_\_\_  
Auto Insurance \_\_\_\_\_  
Other Insurance \_\_\_\_\_  
Clothing \_\_\_\_\_  
Food \_\_\_\_\_  
Miscellaneous \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

\*Mandatory documentation to verify these amounts.

I certify that the information on this form is, to the best of my knowledge, correct and complete. I understand that additional documentation may be requested to confirm my financial independence.

\_\_\_\_\_  
Signature of Student/Applicant

\_\_\_\_\_  
Date

Notary Public Notarize Below: