

UW Bothell Residency Questionnaire Checklist for Financially Dependent students.

A parent/ legal guardian has an established domicile in Washington and provides documentation.

Student Name (Last, First)	UW Student Number	UW Email Address
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1. **A copy of the federal IRS tax return** signature page and the listing of dependents of the parent(s) or legal guardian(s) who claimed you as a dependent for the most recent tax year.
2. **Housing documentation** showing parent(s)/legal guardian(s) physical presence within the state of Washington for *the entire 12-month period* prior to the term you are seeking residency. Acceptable documents include:
 - a. A copy of the first and signature page of your lease or rental agreement, OR
 - b. Copies of rent receipts or tenant ledger from landlord, OR
 - c. A notarized letter from your landlord (OR person you lived with)
 - d. A home purchase agreement showing the physical address of the home and date of closing.
3. **Pay stubs or signed employer letter** showing employment in the state to cover the **12- month period** prior to the term you are seeking residency.
 - a. Bank/ Credit Card records showing physical transactions that the person has made in the state.
4. **State of Washington voter’s registration** for the parent(s)/legal guardian(s). Submit this only if your parent is currently registered to vote. Acceptable documents include:
 - a. A copy of your official voter's registration card, OR
 - b. A copy of the information from the [Secretary of State website](#), OR
 - c. A statement from the county auditor indicating the date registered.
5. **State of Washington vehicle registration.** Submit a vehicle registration only if your parent **owns or is using** a vehicle in the state. Residents of the State of Washington are required to title and **register their vehicle(s) within 30 days of moving to and establishing a domicile in the state.** **PLEASE NOTE:** if you use (but do not own) a vehicle in the state of Washington, it must be registered in the state. Acceptable documents include:
 - a. A copy of your vehicle registration (a copy of the title is not accepted as proof for residency purposes)
 - b. If the vehicle was purchased less than 12 months prior to the term you are seeking residency, you must provide a copy of the bill of sale in addition to the vehicle registration.
6. **State of Washington driver’s license** or State of Washington identification card (if you do not drive) for parent(s)/legal guardian(s).
7. **Documentation of banking and financial relationships in Washington** – If your parent(s) or legal guardian(s) have a bank account, please provide documentation of when and where that account was established.
8. **Non-US Citizens-** If your parent or court-appointed guardian is not a U.S. citizen, but she/he holds permanent or temporary resident status, Employee Authorization Document or “Refugee-Parolee,” “Conditional Entrant” status, or is permanently residing in the United States under color of law, attach a copy of both sides of his/her Resident Alien Card, Temporary Resident Card or other verification of his/her status with USCIS.
9. **Other supporting documentation.** If applicable, submit additional documentation, for example, business or professional licenses, as described in Section 3.10-11 of the Residency Questionnaire.
10. **Both student and parent/legal guardian must sign and date Section 3 on page two of the questionnaire.**



UNIVERSITY OF WASHINGTON BOTHELL
WASHINGTON INSTITUTIONS OF HIGHER EDUCATION
RESIDENCE QUESTIONNAIRE
 OFFICE OF THE REGISTRAR

UNIVERSITY OF WASHINGTON BOTHELL
 Office of the Registrar
 18115 Campus Way N.E.
 Box 358501
 Bothell, WA 98011-8246

Directions: Please print clearly and answer each question. Incomplete or illegible forms cannot be considered and will be returned. All information will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Once a domicile is established in Washington it must continue for a year before you are eligible for resident function. **Complete form in full and attach required documentation.**

SECTION 1

Name (Last)	(First)	(M.I.)	Phone Number	FOR OFFICE USE ONLY		
						Type
Address (Street)	(City)	(State)	(ZIP)	ID Number	Status	DEP INDEP
E-mail Address	Birth City, State, Country			Birth Date	Today's Date	
1. Name of Last High School Attended					Effective Date	
2. For what term are you now seeking residence classification? Year 20 <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer If you have previously applied at this institution for a change in residence status, indicate: Term _____ Year _____					Resident Non-Res	
3. Class Standing <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional School: _____					Residence Classification Officer	
4. At this Institution I am or will be enrolled as a: <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/> Returning Former Student 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: Credit _____ Term _____ Year _____ Credit _____ Term _____ Year _____ Credit _____ Term _____ Year _____					<input type="checkbox"/> ST <input type="checkbox"/> UG <input type="checkbox"/> OTHER	
5. Country of citizenship: If not USA, answer 5a, 5b and 5c.				5a. Do you hold permanent or temporary resident immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No 5b. Do you hold "Refugee-Parolee," "Conditional Entrant" or PRUCOL status? <input type="checkbox"/> Yes <input type="checkbox"/> No 5c. Do you hold a visa classification of A, E, G, H-1, I, K, or L? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: An immigrant refugee, and the spouse and dependent children of such refugee, may be exempted from paying the nonresident tuition fees differential if the refugee (a) is on parole status, (b) has received an immigrant visa, or (c) has applied for U.S. citizenship.				If yes to any of the above, you must attach a copy of both sides of Resident Alien Card, Form I-94, or other documentation. (If you are not a citizen of the United States and do not hold permanent or temporary resident immigration status, "Refugee-Parolee", "Conditional Entrant", PRUCOL status or an A, E, G, H-1, I, K, or L visa, you cannot be classified as a resident.)		
6. Have you received financial assistance from a state or government unit or agency thereof during the past twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, indicate state or agency, type of assistance, disbursement dates, etc.		
7. Will you be receiving state financial assistance during the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, indicate state or agency, type of assistance, disbursement dates, etc.		

SECTION 2

1. Are you applying for resident status as a dependent student whose parent or court-appointed legal guardian has maintained a bona fide domicile in the State of Washington for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, your parent or legal guardian must complete SECTION 3 of this form, providing proof of his/her Washington domicile and all requested supporting documentation. Verification of your dependent status must be documented by submitting a true and correct copy of your parent's or legal guardian's state and federal income tax return for the most recent tax year. The extent of the disclosure required concerning the parent's or legal 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.
2. Are you applying for resident status as a financially independent student ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you must complete Section 3 of this form and provide all requested supporting documentation.
2a. 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 calendar year and for the calendar year immediately prior to the year in which this application is made. I 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 year immediately prior to the year in which this application is made. Signature _____ Date _____	
2b. To further substantiate your financial independence, you are required to submit appropriate documentation, including but not limited to the following:	
<ul style="list-style-type: none"> ■ A true and correct copy of your state and federal income tax return for the calendar year immediately prior to the year in which this application is made. If you did not file a state or federal income tax return because of minimal or no taxable income, documented information concerning the receipt of such nontaxable income must be submitted. ■ A true and correct copy of your W2 form filed for the previous calendar year. ■ Other documented financial resources. Such other resources may include but are not limited to, the sale of personal or real property, trust fund, state or financial assistance, gifts, or earnings of the spouse of a married student. ■ If you are 24 or younger, provide a true and correct copy of the first and signature page of the state and federal tax return of your parents, legally appointed guardians, or person(s) who have legal custody of you for the calendar year immediately prior to the year in which this application is made. The extent of the disclosure required concerning the parent's or legal 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. 	

SECTION 3 Do not leave any questions blank. No decision can be made unless all questions are completed and all required documentation is submitted.

1. This section is being completed and signed by: <input type="checkbox"/> Parent <input type="checkbox"/> Court Appointed Legal Guardian	Date of your arrival in Washington: Month _____ Day _____ Year _____	Date you took action to officially declare Washington as your permanent, legal domicile: Month _____ Day _____ Year _____
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Purpose of moving to Washington:

2. List chronologically your employment and physical residence for the last two years giving exact information as requested below. If you were not employed, list your physical residence for the last two years. Attach additional page if necessary.

DATES OF EMPLOYMENT			LOCATION		OCCUPATION		HOME ADDRESS					
Mo.	Day	Yr.	Mo.	Day	Yr.	City	State	Employer	Hrs/wk	Street	City	State
From			To									
From			To									
From			To									

Note: You must provide proof of your physical presence in Washington the past 12 months (e.g. work stubs, letter from employer (on letterhead), transcripts, verification of weekly volunteer work, debit/credit card statements showing purchases made in Washington, lease agreement, etc).

3. If you were out of Washington during the last 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				

4. Have you ever registered to vote in any state? Yes No

If yes, attach a copy of your current voter's card. **If yes,** list date, city and state for your last two registrations.

Date _____ City _____ State _____ Date Voted _____

Date _____ City _____ State _____ Date Voted _____

5. Do you own or **use** any motor vehicles, RV's, boats or mobile homes in any state? Yes No

If yes, give type of vehicle, license number, state and dates of registry. You must attach a copy of vehicle registration (not the title).

Type of vehicle _____ License Number _____ State _____ Date of Purchase _____ Date of Registry _____

Type of vehicle _____ License Number _____ State _____ Date of Purchase _____ Date of Registry _____

6. Do you have a driver's license in any state? Yes No

If yes, you must attach a copy of your driver's license. **If yes,** in what state? _____

When did you first obtain a driver's license in that state? Date _____

Previous driver's license? Yes No **If yes,** in what state? _____

When did you first obtain a driver's license in that state? Date _____

7. Do you have a bank account? Yes No

If yes, please attach documentation of account. **If yes,** since what date? _____

Name of Bank _____ Branch _____

City _____ State _____

8. Have you ever paid in-state tuition at any public institution of higher education? Yes No

If yes, date of last term _____

Name of Institution _____

Date Attended: From _____ To _____

8a. Have you ever attended a Washington college/university for more than 6 hours per term? Yes No

Date Attended: From _____ To _____

9. Are you a U.S. citizen? Yes No

If no, attach a copy of your U.S. Permanent Resident card, I-94 or other immigration documentation.

10. List business or professional licenses (name & state of issue):

11. Other (evidence of coverage for medical, life, automobile or property insurance, state licenses such as hunting or fishing, etc.) Explain:

NOTICE: Residence questionnaires requesting a change in residence classification shall be accepted up to the thirtieth calendar day following the first day of the quarter/semester for which application is made. Questionnaires received after that date shall be considered to have been filed as of the first day of the subsequent quarter/semester.

STATEMENT OF INTENT

I certify that it is my intention to make Washington my true, fixed, and permanent place of habitation. Signature of Parent (if completing SECTION 3) _____ Date _____

CERTIFICATION

I certify that the foregoing is true and correct. Address (Street, City, State) _____

Signature of Student _____ Date _____