

APPLICATION FOR OHIO RESIDENCY FOR STATE SUBSIDY AND TUITION SURCHARGE PURPOSES

For Office Use Only

Date Received: ___/___/___ Date Reviewed: ___/___/___ Reviewer: _____

Effective Term: Summer 20___ Autumn 20___ Winter 20___ Spring 20___

Approved Residency Classification: C1 C2 C3 E1 E2 E3 E4 E5 E6 E7 E8

Residency Denied: _____

Eligibility for in-state tuition is pursuant to Ohio Administrative Code 3333-1-10. Failure to complete and return this form to the institution of higher education will result in an out-of-state classification for tuition purposes. Please contact your institution of higher education if you have any questions.

Type or print in blue or black ink.

SECTION A - TO BE COMPLETED BY APPLICANT	SECTION B - PARENT, LEGAL GUARDIAN, OR SPOUSE						
<p>1. Print Full Legal Name:</p> <table style="width:100%; border-top: 1px solid black; border-bottom: 1px solid black;"> <tr> <td style="width:33%; text-align: center;">Last</td> <td style="width:33%; text-align: center;">First</td> <td style="width:33%; text-align: center;">Middle</td> </tr> </table> <p>2. Social Security Number/Student Identifier: _____ - _____ - _____</p> <p>3. Date of Birth (mm/dd/yyyy): Age: _____/_____/_____ _____</p> <p>(OAC 3333-1-10 paragraphs (B)(1) and (B)(4))</p> <p>4. Citizenship: <input type="checkbox"/>U.S. <input type="checkbox"/>Non-U.S. <input type="checkbox"/>Permanent Resident Date of VISA issue (mm/dd/yyyy):____/____/____ Date of VISA expiration (mm/dd/yyyy): ____/____/____ Visa Type:_____</p> <p>5. Year and Term of Application: <input type="checkbox"/>Summer 20___ <input type="checkbox"/>Autumn 20___ <input type="checkbox"/>Winter 20___ <input type="checkbox"/>Spring 20___</p> <p>(OAC 3333-1-10 paragraph (C)(2))</p> <p>6. Where have you lived for the past 12 months? List current address first: From To Street Address City State Zip</p> <hr/> <hr/> <hr/> <p>6a. Current Home Telephone: (____) _____ - _____</p> <p>(OAC 3333-1-10 paragraph (C)(2))</p> <p>7. Permanent Address: Street Address City State Zip</p> <hr/> <hr/> <p>(OAC 3333-1-10 paragraphs (C)(1),(C)(2) and (C)(3))</p> <p>8. <input type="checkbox"/>Yes <input type="checkbox"/>No Do your parents or legal guardian provide over half of your financial support or claim you as a tax dependent? If yes, Section B must be completed by your parent or legal guardian.</p> <p>(OAC 3333-1-10 paragraphs (C)(1) and (C)(3))</p> <p>9. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you married?</p>	Last	First	Middle	<p>1. Print Full Legal Name:</p> <table style="width:100%; border-top: 1px solid black; border-bottom: 1px solid black;"> <tr> <td style="width:33%; text-align: center;">Last</td> <td style="width:33%; text-align: center;">First</td> <td style="width:33%; text-align: center;">Middle</td> </tr> </table> <p>(OAC 3333-1-10 paragraphs (B)(5), (C)(1), (C)(3))</p> <p>2. Relationship to applicant: <input type="checkbox"/>Parent <input type="checkbox"/>Legal Guardian <input type="checkbox"/>Spouse</p> <p>(OAC 3333-1-10 paragraphs (B)(1) and (B)(4))</p> <p>3. Citizenship: <input type="checkbox"/>U.S. <input type="checkbox"/>Non-U.S. <input type="checkbox"/>Permanent Resident Date of VISA issue (mm/dd/yyyy):____/____/____ Date of VISA expiration (mm/dd/yyyy): ____/____/____ Visa Type:_____</p> <p>(OAC 3333-1-10 paragraphs (B)(1) and (C)(1))</p> <p>4. How long have you lived in Ohio? _____</p> <p>(OAC 3333-1-10 paragraphs (B)(1) and (C)(1))</p> <p>5. Where have you lived for the past 12 months? List current address first: From To Street Address City State Zip</p> <hr/> <hr/> <hr/> <p>(OAC 3333-1-10 paragraph (C)(3))</p> <p>6. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you currently employed? If yes, <input type="checkbox"/>Full -Time or <input type="checkbox"/>Part-Time</p> <p>(OAC 3333-1-10 paragraph (C)(3))</p> <p>6b. Employment Information: Name Street Address City State Zip From To Salary</p> <hr/> <hr/> <hr/> <p>(OAC 3333-1-10 paragraphs (C)(3))</p> <p>7. <input type="checkbox"/>Yes <input type="checkbox"/>No Will you have filed a tax return or paid income taxes to any state other than Ohio during the past 12 months? If yes, what State? _____ For what months? _____</p>	Last	First	Middle
Last	First	Middle					
Last	First	Middle					

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<p>(OAC 3333-1-10 paragraphs (C)(1) and (C)(3)) 9a. <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, do you want to claim eligibility for in-state tuition on your spouse's status? If yes, Section B must be completed by your spouse.</p> <p>(OAC 3333-1-10 paragraphs (C)(1), (C)(3), (E)(2), and (E)(8)) 10. Please check all that apply to you: <input type="checkbox"/>Veteran or active duty member of the U.S. Armed Forces or Ohio National Guard <input type="checkbox"/>Have legal dependents other than spouse <input type="checkbox"/>Ward of the court or were a ward of the court until age 18 <input type="checkbox"/>Graduate/first professional student <input type="checkbox"/>Married <input type="checkbox"/>Both parents deceased, no adoptive or legal guardian</p> <p>(OAC 3333-1-10 paragraph (E)(1)) 11. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you currently employed? If yes, <input type="checkbox"/>Full -Time or <input type="checkbox"/>Part-Time</p> <p>11b. Employment Information: Name Street Address City State Zip From To Salary</p> <hr/> <hr/> <p>11c.. Work Telephone: (____) _____ - _____</p> <p>(OAC 3333-1-10 paragraphs (D)(1)(a) and (D)(2)(a)) 12. <input type="checkbox"/>Yes <input type="checkbox"/>No Will you have filed a tax return or paid income taxes to any state other than Ohio during the past 12 months? If yes, what State? _____ For what months? _____</p> <p>(OAC 3333-1-10 paragraphs (B)(1) and (D)(1)(b)) 13. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you qualified to vote in Ohio?</p> <p>(OAC 3333-1-10 paragraphs (D)(1)(d)) 14. <input type="checkbox"/>Yes <input type="checkbox"/>No Do you hold a valid Ohio driver's license? If yes, date issued: ___/___/___</p> <p>(OAC 3333-1-10 paragraphs (D)(1)(d)) 15. <input type="checkbox"/>Yes <input type="checkbox"/>No Do you have a motor vehicle registered in Ohio?</p> <p>(OAC 3333-1-10 paragraphs (E)(2), (E)(3), and (E)(8)) 16. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you or any member of your immediate family presently on active duty in the U.S. military or a member of the Ohio National Guard? If yes, member's relationship to you? _____ Member's state of domicile? _____</p>	<p>(OAC 3333-1-10 paragraphs (C)(1) and (C)(3)) 8. <input type="checkbox"/>Yes <input type="checkbox"/>No Will you have claimed the applicant as a dependent on your internal revenue tax filing for the previous year?</p> <p>(OAC 3333-1-10 paragraphs (C)(1) and (C)(3)) 9. <input type="checkbox"/>Yes <input type="checkbox"/>No Will you have provided over half of the applicant's financial support?</p> <p>(OAC 3333-1-10 paragraphs (B)(1) and (D)(1)(b)) 10. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you qualified to vote in Ohio?</p> <p>(OAC 3333-1-10 paragraphs (D)(2)(a) and (D)(2)(b)) 11. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you a resident of another state or nation? If yes, what state or Nation? _____</p> <p>(OAC 3333-1-10 paragraphs (B)(1), (D)(1)(a), and (D)(2)(a)) 12. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you subject to Ohio tax liability? If no, why? _____</p> <p>(OAC 3333-1-10 paragraph (D)(1)(d)) 13. <input type="checkbox"/>Yes <input type="checkbox"/>No Do you hold a valid Ohio driver's license? If yes, date issued: _____/_____/_____</p> <p>(OAC 3333-1-10 paragraphs (E)(2), (E)(3), and (E)(8)) 14. <input type="checkbox"/>Yes <input type="checkbox"/>No Are you on active duty in the U.S. military or a member of the Ohio National Guard? If yes, your state of domicile? _____</p>
<p>Legal Statement affirming that the information provided is valid.</p> <p>_____ Signature of Applicant Date</p>	<p>Legal Statement affirming that the information provided is valid.</p> <p>_____ Signature of Parent/Legal Guardian/Spouse Date</p>

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List of Documents which may be necessary (*additional documents may be requested per your institution's discretion*):

1. Attach a clear and complete statement covering the following items and any other facts and circumstances that, in your opinion, establish your legal residence in Ohio: Purpose in coming to/remaining in Ohio, when you decided to become a permanent resident in Ohio, immediate and long-range plans, and reasons why you expect to remain in Ohio indefinitely or to move out of the state after completing your studies.
2. A letter/statement from your employer(s) verifying any employment during the last 12 months. The letter/statement should indicate dates of employment and whether you had full or part-time employment. It should also state if you were transferred here by the company. The letter/statement should be on company letterhead or be notarized.
3. A copy of the lease or deed for your residence(s) during the past 12 months. If the lease or deed is not in your name, please also provide a notarized statement from the person who is on the lease stating that you do/did in fact live with him/her and for how long you have/had continuously resided with this person.
4. A copy of your most recent federal and Ohio income tax return.
5. Documentation of income not covered in tax documents. This documentation should cover the past 12 months and may include, but not limited to, pay stubs, financial aid paperwork, bank savings statements, or copies of checks from outside sources.
6. A copy of your parent's, guardian's or spouse's income tax return.
7. A copy of your most recent W2 forms.
8. Verification of voter registration (if not Ohio, please explain).
9. A copy of your vehicle registration (if not Ohio, please explain).
10. A copy of your driver's license (if not Ohio, please explain).
11. Verify or provide copies of home of military record, military orders in Ohio, military I.D., and Leave and Earning Statement.
12. Copies of guardianship paperwork (court orders).
13. A copy of your marriage certificate.
14. Any other document that you may feel is relevant (e.g., business or professional licenses).
15. A copy of your permanent resident alien card (both sides), and/or documentation of any other visa status.
16. Documentation of your visa status.
17. A copy of birth certificate or other legal documentation.