

# North Carolina Residence and Tuition Status Application

## ***Applicant Information***

1. Applicant student's full name (Mr. Mrs., Miss, Ms.) \_\_\_\_\_
2. Social Security Number (voluntary) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
3. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of birth: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_
4. Do you claim to be a legal resident of the State of North Carolina? \_\_\_\_ Yes \_\_\_\_ No

If yes, from what date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Note: If your response to question 4 is "No," you need not complete the rest of this form unless subsequently instructed to do so; sign and date the portion completed at the place indicated.

5. Current address while attending this institution:

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

Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

6. Permanent home address:

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

Lived at this address since: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

7. Last previous home address in **NC** was:

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

Lived at this address from (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

8. Last previous home address outside NC was:

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

Lived at this address from (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Are you currently enrolled at SCC? \_\_\_\_ Yes \_\_\_\_ No

Are you applying for admission? \_\_\_\_ Yes \_\_\_\_ No

Indicate the earliest term and year for which you want this decision to apply:

a. Fall 20\_\_ Spring 20\_\_ Summer (Full) \_\_ Summer (1<sup>st</sup>) \_\_ Summer (2<sup>nd</sup>) \_\_

10. Secondary (high or preparatory) school(s) you attended, in sequence:

| Name     | Address (City, State) | From (Date to date)                 |
|----------|-----------------------|-------------------------------------|
| a. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| b. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| c. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |

11. List ALL post-secondary schools (universities, colleges, junior colleges, community colleges, etc.) YOU have attended, in sequence (including this institution):

| Name     | Address (City, State) | From (Date to date)                 |
|----------|-----------------------|-------------------------------------|
| a. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| b. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| c. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |

*If married, also list all of the above educational information for your spouse:*

| Name     | Address (City, State) | From (Date to date)                 |
|----------|-----------------------|-------------------------------------|
| a. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| b. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| c. _____ | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |

12. Has your residence status for tuition purposes ever been previously determined by any North Carolina **public** educational institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,

a. Give name of institution: \_\_\_\_\_

b. Indicate classification: \_\_\_\_\_ Resident \_\_\_\_\_ Non-Resident

c. Give last term you were so classified: \_\_\_\_\_

d.

**Only answer questions 13-16 if you have lived with or are still considered a dependent of your parents or a guardian:**

13. Father living? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,

a. Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

b. Permanent home address: \_\_\_\_\_

Lived at this address since (date): \_\_\_ / \_\_\_ / \_\_\_

14. Mother living? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,

c. Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

d. Permanent home address: \_\_\_\_\_

Lived at this address since (date): \_\_\_ / \_\_\_ / \_\_\_

15. Parents separated or divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, who has custody of children? \_\_\_\_\_ Father \_\_\_\_\_ Mother

16. Legal guardian of applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Permanent home address: \_\_\_\_\_  
Lived at this address since (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Court appointed at (place) \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

17. Why and when did you move your home to North Carolina? (Reason)  
\_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

18. When and from what state or foreign country did you move your home and legal residence to North Carolina? Moved from \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

19. When do you claim that you began your legal residence (domicile) in North Carolina?  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

20. Your marital status: \_\_\_\_\_ Single \_\_\_\_\_ Married (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)  
\_\_\_\_\_ Divorced (\_\_\_\_ / \_\_\_\_ / \_\_\_\_) \_\_\_\_\_ Separated (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)  
\_\_\_\_\_ Legal separation (\_\_\_\_ / \_\_\_\_ / \_\_\_\_) \_\_\_\_\_ Widowed (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)  
\_\_\_\_\_ Marriage annulled (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)

21. If married, your spouse's name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer \_\_\_\_\_  
Permanent home address: \_\_\_\_\_

Lived at this address since (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last **previous** home address outside NC was:

\_\_\_\_\_  
Lived at this address from (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Present** legal residence (domicile) in NC:

\_\_\_\_\_  
Lived at this address from (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

| Occupation/Purpose | Address (City, State) | From (Date to date)                 |
|--------------------|-----------------------|-------------------------------------|
| a. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| b. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| c. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| d. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| e. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| f. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |

If married, list in chronological order to date of this application all places your spouse has spent at least seven consecutive days during the past three years. Your response must include spouse's current address, all other places lived, and vacations.

| Occupation/Purpose | Address (City, State) | From (Date to date)                 |
|--------------------|-----------------------|-------------------------------------|
| a. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| b. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| c. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| d. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| e. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |
| f. _____           | _____, _____          | ___ / ___ / ___ to: ___ / ___ / ___ |

23. 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 filed?

- a. On state return for \_\_\_ tax year, filed in (state) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to you \_\_\_\_\_
- b. On federal return for \_\_\_ tax year, filed in (state) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to you \_\_\_\_\_
- c. Does anyone intend to claim you as a dependent on State and/or Federal income tax returns for the current tax year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, who? Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Returns to be filed in what state(s)? \_\_\_\_\_

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

|   | Where? | When?           | Where? | When?           |
|---|--------|-----------------|--------|-----------------|
| 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: \_\_\_/\_\_\_/\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_

g. Listed personal property for  
taxation in county where you  
live \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_

h. Filed state income tax return.  
Did you file as a resident or  
Non-resident? \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_

i. Had state income tax withheld  
during the current year? \_\_\_\_\_ Yes \_\_\_\_\_ No State(s) \_\_\_\_\_

j. Registered/licensed a motor vehicle (car, truck, or other requiring license)

| Type of Vehicle (list all) | Where Registered/Licensed | Date        |
|----------------------------|---------------------------|-------------|
| _____                      | _____/_____/_____         | ___/___/___ |
| _____                      | _____/_____/_____         | ___/___/___ |
| _____                      | _____/_____/_____         | ___/___/___ |
| _____                      | _____/_____/_____         | ___/___/___ |

25. The car(s) or other motor vehicles which you maintain and operate in North Carolina are owned by:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Registered or licensed in (state or foreign country) \_\_\_\_\_

Insured by:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

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

| ADDRESS  | % AT THIS ADDRESS |
|----------|-------------------|
| a. _____ | _____             |
| b. _____ | _____             |
| c. _____ | _____             |

27. List all your employment wages in the last 24 months:

| Job Title & Employer | Address (City, State) | Dates                       | Hours/Week |
|----------------------|-----------------------|-----------------------------|------------|
| a. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |
| b. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |
| c. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |
| d. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |

If married, list all your spouse's employment for wages in the last 24 months:

| Job Title & Employer | Address (City, State) | Dates                       | Hours/Week |
|----------------------|-----------------------|-----------------------------|------------|
| a. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |
| b. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |
| c. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |
| d. _____             | _____/_____/_____     | ___/___/___ to: ___/___/___ | _____      |

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

| Source              | Preceding Calendar Year |           | Current Calendar Year |           |
|---------------------|-------------------------|-----------|-----------------------|-----------|
|                     | % of total              | Used for: | % of total            | Used for: |
| Your earnings       | _____                   | _____     | _____                 | _____     |
| Your savings        | _____                   | _____     | _____                 | _____     |
| Parent(s)/Guardians | _____                   | _____     | _____                 | _____     |
| Spouse's Earnings   | _____                   | _____     | _____                 | _____     |
| Other (specify)     | _____                   | _____     | _____                 | _____     |
| TOTAL               | _____                   | _____     | _____                 | _____     |

29. a. Have you, your spouse, or either of your parents been in active military service within the past two years?  
 \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
 \*If "Yes," 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, your spouse, or either of your parents have been in active military services or other Federal government employment within the past years, answer the following for each such person:

Name(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 Home address upon entry \_\_\_\_\_  
 Official "home of record" \_\_\_\_\_  
 Official home address now \_\_\_\_\_  
 Date this home address was declared \_\_\_\_\_  
 Home address upon discharge \_\_\_\_\_  
 Date of discharge \_\_\_\_\_  
 Legal residence most recently claimed on DD Form 2058  
 (State of legal residence certificate) \_\_\_\_\_  
 Date that DD form 2058 was completed \_\_\_\_\_  
 Place to which you were paid mileage upon discharge \_\_\_\_\_

30. 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 last 24 months.
- Your spouse, estranged spouse (if separation occurred within the past 24 months), or ex-spouse (if divorce occurred within the past 24 months).
- Any other person you continue to maintain close ties with and periodically live with, who is a relative by blood, marriage, or court order who has claimed you as a dependent for tax purposes within the past 24 months.

A. Name(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 Permanent home address:

\_\_\_\_\_

Lived at this address since (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last previous home address was:

\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. Where (state or foreign country) and when did this person do each of the following acts during the last 24 months? List each time he or she did each 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.")

|  | Where?       | When?            | Where?      | When?          |
|--|--------------|------------------|-------------|----------------|
| 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: _____        | From: _____ | to: _____      |
| g. Listed personal property for taxation                             | _____        | ____/____/____   | _____       | ____/____/____ |
| h. Filed state income tax return. How did he/she file?               | _____        | ____/____/____   | _____       | ____/____/____ |
|  | ___ Resident | ___ Non-Resident |             |                |

i. Registered/licensed motor vehicle(s) \_\_\_\_\_

Claimed you as an exemption on State income tax return or \_\_\_\_\_ tax return year, filed in (state) \_\_\_\_\_.

Claimed you as an exemption on Federal income tax return for \_\_\_\_\_ tax return year, filed in (state) \_\_\_\_\_ on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

**31. If you are an alien, answer and complete the following appropriately:**

- a. I possess a valid, current visa \_\_\_ Yes \_\_\_ No. My visa has the designation of \_\_\_\_\_ (A, B, C, D, E, F, G, H, I, J, K, L, M, ,N, O, P, Q, R, S, T, or TN plus a number). My visa was issued as of (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- b. I possess a valid, current Form I-551 (Alien Registration Receipt Card) \_\_\_ Yes \_\_\_ No. Its registration number is \_\_\_\_\_; it reflects my entry into the United States as an immigrant on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- c. I possess a valid, current Form I-181 (Memorandum of Creation of Records of Lawful Permanent Residence) \_\_\_ Yes \_\_\_ No. It reflects my entry into the United States as an immigrant on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- d. Immediately before I received my Form I-551, I possessed a valid current visa: \_\_\_ Yes \_\_\_ No. This was an immigrant visa. \_\_\_ Yes \_\_\_ No This was a visa with a letter designation of \_\_\_\_\_. My visa was issued as of (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- e. I possess a valid, current form I-94 (Arrival-Departure Record) Parole Edition: \_\_\_ Yes \_\_\_ No. The parole date on the form is (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- f. I possess a document issued by Immigration authorities (letter, form, certificate, etc.) that shows that I will later be issued one or more of the documents described above: \_\_\_ Yes \_\_\_ No. Its effective date is (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Identify \_\_\_\_\_. (Attach a copy if permitted by Immigration law. If not, be prepared to display the document for inspection upon request.)

g. I possess a document issued by Immigration authorities not identified above that supports my claim to resident tuition status. \_\_\_ Yes \_\_\_ No.

Its effective date is (date) \_\_\_/\_\_\_/\_\_\_. Identify \_\_\_\_\_. (Attach a copy if permitted by Immigration law. If not, be prepared to display the document for inspection upon request.)

NOTE: Visas with the designation of B, C, D, F, J, M, P, Q, R, S reflect a presence in the United States not sufficient to support a bona fide claim to North Carolina legal residence.

E, H, L, and O visas may reflect a presence sufficient to support a bona fide claim to legal residence in North Carolina. Additional documentation may be required, and all pertinent factors will be considered on an individual basis.

- Despite any other circumstances, events, or acts, specifying their place and date, that you feel support your claim to North Carolina residence for tuition purposes.
- I hereby acknowledge that completion of Item 2 (Social Security Number) is voluntary, is requested by institution solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.
- 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 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 with this institution.

\_\_\_\_\_  
Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if applicant is under 18 years of age)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Return completed application to: Registrar  
Southwestern Community College  
447 College Drive  
Sylva NC 28779