

IDAHO STATE BOARD OF EDUCATION - Residency Determination Worksheet

The Residency Determination Worksheet is used to appeal a residency determination at Boise State University, Idaho State University, Lewis-Clark State College, or the University of Idaho. Qualifications for residency must be met prior to the opening day of the term for which the reclassification is sought. This worksheet and all required documentation must be submitted to the institution by the 10th day of the term in which reclassification is sought.

The worksheet is also used to apply for certification of residency for specialty graduate and professional programs including the WWAMI regional medical program, the WICHE student exchange programs, Idaho dental education program, the University of Utah School of Medicine, and the Washington-Idaho regional program in veterinary medicine ("Specialty Program").

There are several different pathways to determine Idaho residency. It is only necessary to prove residency through one pathway, not all of them. Complete all questions applicable to the residency pathway you claim. Please print clearly. Attach all required documentation.

Residency determinations are governed by Idaho Code § 33-3717B and Idaho Board of Education Policy V.Q. More information about residency can be found at the following URL: <https://boardofed.idaho.gov/higher-education-public/#Residency>

Falsification or intentionally erroneous information is subject to penalty of perjury under the laws of the State of Idaho.

SECTION 1: GENERAL INFORMATION - STUDENT

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| (1) Name (Last, First, Middle): | | (2) Phone Number: () | FOR OFFICE USE ONLY Evaluator: |
| (3) Current Address (street, city, state): | | (4) Student ID Number and the term and year for which you are seeking residency. | |
| (5) Email Address: | | (6) If applying for certification for a Specialty Program, name of program: | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident |
| (7) Student's country of citizenship: | | | Date Received: |
| | | | Effective: |
| (8) If you are not a United States citizen, you must provide proof of lawful presence in the United States to qualify for Idaho residency for tuition purposes. "Lawful presence" is verified through the means set forth in Idaho Code, § 67-7903. | | | |

IDAHO (K-12) STUDENT PATHWAY

(9a) I graduated from an Idaho high school within the past eight (8) years. **Attach copy of high school diploma.**

OR

(9b) I completed six (6) years of elementary and secondary education in Idaho and am registering within 8 years of my graduation from high school. **Attach copy of high school diploma and/or records verifying attendance at Idaho schools for six (6) years.**

DEPENDENT STUDENT PATHWAY

(10) One or more of my parents or court appointed legal guardians ("parent/guardian") provide at least 50% of my financial support and has maintained a domicile in Idaho for at least 12 months prior to the term for which I am registering.

If you check the box above, your parent/guardian must prove that he or she provided at least 50% of your financial support. **Attach proof of financial support and a copy of tax return showing student claimed as dependent.** Your parent/guardian must provide proof of domicile in Idaho by completing the **DOMICILE** section below.

INDEPENDENT STUDENT PATHWAY

(11) I receive less than 50% of my support from my parent/guardian and have continuously resided and maintained a bona fide domicile in Idaho primarily for purposes other than educational for the twelve (12) months preceding the term for which I am registering. Attach a copy of your parent/guardian tax return showing that you were not claimed as a dependent.

If you check this box, you must provide proof of domicile in Idaho by completing the **DOMICILE** section below.

(11a) I have not attended an Idaho college or university as a full-time student during the prior twelve (12) months.

(11b) I have attended an Idaho college or university as a full-time student during the prior 12 months, was employed full-time during the prior twelve (12) months, and have filed an Idaho state resident income tax return for the prior tax year. **Attach employment documentation and copy of tax return.**

Student's Sworn Statement:

The above information is true and correct. I have not been and will not be claimed as a dependent for federal income tax purposes by any person except myself (or my spouse, if applicable), during the twelve (12) months preceding the opening date of the term for which resident status is requested.

Signature: _____ Date: _____

MARRIED TO AN IDAHO RESIDENT PATHWAY

(12) I am married to an Idaho resident and my spouse is classified, or is eligible for classification, as a resident for the purposes of attending an Idaho college or university.

(12a) I was not enrolled as a full-time student at any time during the 12-months prior to the term for which I am seeking residency.

Your spouse must provide proof of domicile in Idaho by completing the **DOMICILE** section below.

My spouse's name is: _____

(12b) My spouse attends _____ college/university, is classified as an Idaho resident, and has the following ID number: _____.

Attach proof of marriage and proof of spouse's residency status, including copy of marriage license.

ARMED FORCES / IDAHO NATIONAL GUARD PATHWAY

"Armed Forces" means the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or the reserve forces of those groups. Complete this section if (a) you are applying for residency as a dependent student and your parent/guardian is in the Armed Forces or Idaho National Guard, or (b) if you are applying for residency as an independent student and you are, or your spouse is, in the Armed Forces or Idaho National Guard.

(13) I am applying for residency as a dependent student and the following checked boxes apply to my parent/guardian. If applying as a dependent child, you must receive at least 50% of your support from the service member. **Attach documentation required under the Dependent Student Pathway.**

(13a) I am applying for residency as an independent student and the following checked boxes apply to:

me

my spouse (**attach proof of marriage**).

(13b) I am a member of the Armed Forces, entered service as an Idaho resident, and have maintained Idaho resident status, but am stationed outside of Idaho.

(13c) I am a member of the Armed Forces and currently stationed in _____ County, Idaho.

(13d) I am an officer or an enlisted member of the Idaho National Guard.

(13e) I am a former member of the Armed Forces, served for at least 2 years, separated under honorable conditions, and am entering this institution within 1 year of the date of separation and (a) at the time of separation designated Idaho as my intended domicile, or (b) listed Idaho as my home of record while in service.

(13f) I am a former member of the Armed Forces, served for at least 2 years, separated under honorable conditions, have moved to Idaho for the purpose of establishing domicile and will take steps to establish domicile in Idaho within one (1) year of registration at this institution.

Attach a copy of the applicable military documentation (DD-214, Member 4 copy).

IDAHO NATIVE AMERICAN INDIAN TRIBE MEMBER PATHWAY

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| <input type="checkbox"/> (14) I am a member of one of the following Idaho Native American Indian Tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai, Eastern Shoshone, Northwestern Shoshone. | Attach a copy of your tribal membership papers. |
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GRADUATE STUDENT PATHWAY

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| <input type="checkbox"/> (15) I am enrolling in a graduate or professional program within 36 months after receiving my baccalaureate degree from an Idaho public or private higher education institution, and I resided in Idaho during the last 12 months of the undergraduate program. | Attach a copy of your diploma and documentation of your residence in Idaho during the last 12 months of the undergraduate program. |
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DOMICILE SECTION

Domicile "means that individual's true, fixed and permanent home and place of habitation. It is the place where that individual intends to remain, and to which that individual expects to return when that individual leaves without intending to establish a new domicile elsewhere." Idaho Code § 33-3717B(1)(a).

If you are applying under the **DEPENDENT STUDENT PATHWAY**, your parent / guardian must complete this section. If you are applying under the **INDEPENDENT STUDENT PATHWAY**, you must complete this section. If you are applying under the **MARRIED TO AN IDAHO RESIDENT PATHWAY**, your spouse must complete this section.

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| (16) This section is completed by: Print Name: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Student | (17) Date of your arrival in Idaho: Month ____ Day ____ Year ____ | (18) Date you declared Idaho as your domicile and abandoned all prior domiciles: Month ____ Day ____ Year ____ |
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(19) Purpose for moving to Idaho:

(20) Have you lived in Idaho full-time for the 12 months prior to the term or which residency is sought? **Yes** **No**

(21) List chronologically your employment and physical residence for the 12 months prior to the term for which residency is sought.

Attach documentation from employer confirming employment and evidence of home address such as utility statements, rental agreements, and bank statements.

| DATES OF EMPLOYMENT | | | LOCATION (OF EMPLOYMENT) | | OCCUPATION | HOME ADDRESS | | | | | |
|---------------------|-----|-----|--------------------------|-----|------------|--------------|-------|----------|--------|------|-------|
| Mo. | Day | Yr. | Mo. | Day | Yr. | City | State | Employer | Street | City | State |
| From | | | To | | | | | | | | |
| From | | | To | | | | | | | | |
| From | | | To | | | | | | | | |

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| (22) <input type="checkbox"/> I filed an Idaho tax return in _____ and _____ (include last two years). | Attach copies of the first and last pages of your Idaho tax returns for prior 2 years. |
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| (23) Have you owned a home in Idaho for the 12 months prior to the term for which residency is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, attach a copy of your deed. |
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| (24) Have you rented a home in Idaho for the 12 months prior to the term for which residency is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, attach a copy of your rental/lease agreement. |
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| (25) Have you ever registered to vote in Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date and city of voter registration. | Date: _____ City: _____ | If yes, provide copy of your voter registration. |
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| (26) Have you registered any personal property in Idaho (such as motor vehicles, RV's, travel trailers, boats, or mobile homes) that requires registration and the payment of taxes or fees? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, attach a copy of registration. Do not attach copies of vehicle title(s). |
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| (27) Do you have an Idaho driver's license or Idaho issued ID card? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes , list date originally issued: _____ | If yes, attach a copy of your current driver's license or Idaho issued ID card. |
| (28) Do you have an account with an Idaho financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date account opened: _____ Name of bank: _____ Branch location: _____ | If yes, attach documentation. |
| (29) My minor children are enrolled in K-12 school in Idaho. | | If yes, attach documentation from schools at which your children are enrolled. |
| (30) I have received financial assistance from a state governmental unit or agency during the past 12 months. OR <input type="checkbox"/> I don't wish to provide this information to prove domicile. | | If yes, attach documentation. |
| (31) I will receive state financial assistance during the next 12 months. OR <input type="checkbox"/> I don't wish to provide this information to prove domicile. | | If yes, attach documentation. |
| (32) If applying as an independent student, have you ever paid in-state tuition at any college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , date of last term attended: _____ Name of institution: _____ Dates attended: from _____ to _____ | | If yes, attach documentation. |
| Attach any additional documents which support your claim of domicile in Idaho: work stubs, letter from your employer, lease agreement, acceptance of a permanent offer of employment, evidence of presence of household goods in Idaho, evidence of abandonment of a previous domicile, utility statements from accounts in your name, etc. | | |

STUDENT CERTIFICATION:

I hereby certify, under the penalty of perjury, that all statements herein and the information provided are true and correct, and this institution may rely on such statements and information. I fully understand that this institution reserves the right to all available remedies in the event such information is not true and correct, including but not limited to the recovery of all fees to which this institution is legally entitled, but which were not collected because of false information stated herein. I further understand that this institution may take any legal action necessary to recover any outstanding financial obligation. I expressly authorize the institution to receive, inspect, and copy the confidential tax information and records of my individual income tax return for the last two years from the Idaho State Tax Commission and the U.S. Internal Revenue Service to verify that income tax returns have been filed and match those submitted as part of this application for residency.

Signature: _____

PARENT GUARDIAN OR SPOUSE CERTIFICATION:

I hereby certify, under the penalty of perjury, that all statements herein and the information provided are true and correct, and this institution may rely on such statements and information. I fully understand that this institution reserves the right to all available remedies in the event such information is not true and correct, including but not limited to the recovery of all fees to which this institution is legally entitled, but which were not collected because of false information stated herein. I further understand that this institution may take any legal action necessary to recover any outstanding financial obligation. I expressly authorize the institution to receive, inspect, and copy the confidential tax information and records of my individual income tax return for the last two years from the Idaho State Tax Commission and the U.S. Internal Revenue Service to verify that income tax returns have been filed and match those submitted as part of this application for residency.

Print Name: _____

Signature: _____