

# Application for Reclassification of Residency Status for Tuition and Fee Purposes

**Instructions:**

- ✓ Complete the top portion of this form.
- ✓ Choose ONE basis for reclassification (Part 2) and complete it as requested.
- ✓ Provide supporting documentation as requested.
- ✓ Sign and date the form at Part 11.
- ✓ Return the form to the Residency Coordinator. If approved-Residency changes are made based on the earliest enrollment in a reporting term up to the end of the Refund period for that semester/term. If that date has passed then the change will be effective the next reporting term.

*NOTE: You are a **dependent** student if you are claimed as a dependent by anyone for income tax purposes or if someone provides more than half of your support. You are an **independent** student if you are **NOT** claimed as a dependent by anyone for income tax purposes, you provide more than half of your support and you have your name on the place where you are living.*

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Present Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

Phone number where you can be reached during the day: \_\_\_\_\_

## Part 1: Adjustment Being Requested

I am requesting that my residency be changed to:

In-state/out of county \_\_\_\_\_ County name: \_\_\_\_\_

In-state/in-county \_\_\_\_\_ County name: \_\_\_\_\_

I am requesting an adjustment of status be made for the \_\_\_\_\_ semester.

## Part 2: Requested Basis for Reclassification

I believe that I am qualified for reclassification of residency based on the following: **(SELECT ONE)**

CHECK ONE		STATEMENT OF QUALIFICATION	PARTS TO COMPLETE
	1A.	I am an independent person who has established and maintained legal residency in South Carolina (or in Fairfield, Lexington and/or Richland County) for at least 12 months prior to the first day of classes for the term for which I am requesting the change be made effective.	3,4,5,6,7,11
	1B.	I am the dependent of a person described in 1A.	3,8,9,11
	2A.	I am an independent person employed full time in South Carolina, although my legal residency in South Carolina (or in Fairfield, Lexington or Richland County) is less than 12 months prior to the first day of classes for the term for which I am requesting the change be made effective.	3,4,5,6,7,11
	2B.	I am the dependent of a person described in 2A.	3,8,9,11
	3A.	I am a member of the United States Armed Forces stationed on active duty in the US or it's territories	10A ,11
	3B.	I am the dependent of a person described in 3A.	10A,11

	4A.	I am a full time faculty or administrative employee of a South Carolina state-supported college or university.	3,6,11
	4B.	I am the dependent of a person described in 7A.	3,8,9,11
	5A.	I am a retired person receiving a pension or annuity. I established legal residency in South Carolina (or in Fairfield, Lexington or Richland County) less than 12 months prior to the term for which the change is requested.	3,4,11
	5B.	I am the dependent of a person described in 7A.	3,8,9,11
	6A.	I am a South Carolina (or in Fairfield, Lexington or Richland County) resident who has served in (is serving in) the United States Armed Forces. I have claimed South Carolina as my state of legal residency during my military service.	3,4,10,11
	6B.	I am the dependent of a person described in 9A.	3,5,10,11

**Part 3: Personal Statement**

I came or returned to South Carolina on this date: \_\_\_\_\_. I established my legal residency in South Carolina/Fairfield, Lexington or Richland County on this date: \_\_\_\_\_.

**Part 4: Legal Residency Information**

1. Addresses where you have physically resided for the past two years:

Beginning date	Ending date	Address	County	City/State/Zip Code

**Provide a copy of your lease or purchase agreement showing the past 12 months (front page and signature page) (Does not have to be 12 months if you are applying for an employment waiver).**

2. What is your county and state of residence? \_\_\_\_\_

3. Are you a United States citizen? \_\_\_\_\_ If not, what type of visa do you hold? \_\_\_\_\_  
 A# \_\_\_\_\_ Date of issue: \_\_\_\_\_

**Provide a copy of your United States Citizenship and Immigration Services information.**

4. Do you have a valid driver's license or State ID? \_\_\_\_\_ State of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_

**Provide a copy of your driver's license or ID.**

5. Do you have a motor vehicle registered in your name? \_\_\_\_\_ **Provide a copy of your vehicle registration.**

If not, in whose name is it registered? \_\_\_\_\_ Their relationship to you: \_\_\_\_\_  
 State/county of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_

6. Did you file state income taxes in any state during the past 24 months? \_\_\_\_\_

**Please complete the portion below.**

State where filed	Tax year	Date filed

Continued on Next Page

7. Will you file a state income tax return for the current tax year? \_\_\_\_\_
- a. In what state will you file the return? \_\_\_\_\_
- b. Have you for any reason ever been considered a resident of another state? \_\_\_\_\_
- c. List states of previous legal residency. \_\_\_\_\_
- d. When were you considered a resident in another state? \_\_\_\_\_
- e. Provide proof of state income tax and federal income tax return.**
8. Who last claimed you as a dependent or exemption for federal income tax purposes?
- a. Relation of this person to you. \_\_\_\_\_
- b. When did this person last claim you as a dependent or exemption? \_\_\_\_\_
- c. Will this person claim you as a dependent or exemption this year? \_\_\_\_\_
- d. Is this person a legal resident of South Carolina? \_\_\_\_\_
- e. How long have they been a legal resident of South Carolina? \_\_\_\_\_
- f. If you were claimed as a dependent, provide a copy of the front page and signature page of that person's federal and state income tax returns.**

### Part 5: Financial Information

1. Where do you receive your funds for living and school expenses? What percentage of support do they provide?
- |                 |         |                           |         |
|-----------------|---------|---------------------------|---------|
| Parents         | _____ % | Student Financial Aid     | _____ % |
| Your Job        | _____ % | Other sources (list them) | _____ % |
| VA Benefits     | _____ % |                           | _____ % |
| Social Security | _____ % |                           | _____ % |

### Part 6: Employment Information

1. List all employment for the past 12 months

Beginning date	Ending date	Employer	Full or part time	City/State/Zip Code

2. If you are currently employed full time, do you expect any change in your employment during the next year? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
***If you are requesting change of residency status based on employment, provide a letter on company letterhead from your employer. The letter should state your hire date and the number of hours you work per week, along with any benefits you receive. If you work less than 37.5 hours per week then the letter must state that you are eligible for benefits. If you are self-employed, attach a copy of your South Carolina business license.***
3. If you are retired and collecting a pension or annuity, what was the date of retirement? \_\_\_\_\_  
***Provide a copy of documentation confirming retirement and receipt of pension or annuity.***

### Part 7: Educational Information

List last high school attended:

Dates	High School	Location

Last college or university attended:

Dates	University or College	Location	Full time or Part Time	Residency Status There

## Part 8: Legal Residency of Person Upon Whom I Am Dependent

1. Name of the person upon whom I am dependent: \_\_\_\_\_
- a. Relationship of this person to you. \_\_\_\_\_
- b. When did this person last claim you as a dependent or exemption? \_\_\_\_\_
- c. Will this person claim you as a dependent or exemption this year? \_\_\_\_\_
- d. Is this person a legal resident of South Carolina? \_\_\_\_\_
- e. How long have they been a legal resident of South Carolina? \_\_\_\_\_
- f. If you were claimed as a dependent or exemption, provide a copy of the front page and signature page of that person's federal and state income tax returns.**

2. Is this person a United States citizen? \_\_\_\_\_ If not, what type of visa do they hold? \_\_\_\_\_
- A# \_\_\_\_\_ Date of issue: \_\_\_\_\_

**Provide a copy of their United States Citizenship and Immigration Services information.**

3. Does this person have a valid driver's license or State ID? \_\_\_\_\_ State of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_

**Provide a copy of their driver's license.**

4. Does this person have a motor vehicle registered in their name? \_\_\_\_\_ **Provide a copy of registration.**

State/county of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_

5. Did this person file state income taxes in any state during the past 24 months? \_\_\_\_\_

**Please complete the portion below.**

State where filed	Tax year	Date filed

**\*\*\*Provide their lease or purchase agreement for their home for the last 12 months. If applying for an employment waiver of the 12 months then provide the lease or purchase agreement that is in effect now.**

## Part 9: Employment Of The Person Upon Whom I Am Dependent

1. List all employment for this person during the last 12 months

Beginning date	Ending date	Employer	Full or part time	City/State/Zip Code

2. If this person is currently employed full time, do they expect any change in employment during the next year? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**If you are requesting change of residency status based on employment of the person who claims you as a dependent or exemption, provide a letter on company letterhead from their employer. The letter should state their hire date and the number of hours they work per week, along with any benefits they receive. If they work less than 37.5 hours per week the letter must state that they are eligible for benefits. If they are self-employed, attach a copy of their South Carolina business license.**

3. If the person who claims you as a dependent or exemption is retired and collecting a pension or annuity, what was the date of retirement? \_\_\_\_\_

**Provide a copy of documentation confirming retirement and receipt of pension or annuity.**

Part 10: United States Armed Forces  
(Choose one category as it applies to you.)

1. Active duty
    - a. Military installation/location where you or your sponsor is assigned: \_\_\_\_\_
    - b. Date assignment began: \_\_\_\_\_
    - c. **Provide a copy of your military ID or dependent card and a copy of permanent change of station orders assigning you or your sponsor to active duty.**
  
  2. In Terminal Leave Status
    - a. Dates of you or your sponsor's terminal leave: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.
    - b. Sponsor's official retirement date: \_\_\_\_/\_\_\_\_/\_\_\_\_.
    - c. **Provide a copy of retirement orders and terminal leave order or statement from your personnel officer.**
  
  3. Dependent of a military person reassigned from South Carolina/Fairfield, Lexington or Richland County
    - a. Dates your sponsor were assigned in South Carolina/Fairfield, Lexington or Richland County. From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.
    - b. **Provide a copy of the military orders reassigning you or your sponsor from South Carolina/Fairfield, Lexington or Richland County and a copy of your military ID or dependent card.**
  
  4. Maintained South Carolina/Fairfield, Lexington or Richland County legal residency while in the United States Armed Forces.
    - a. Dates of you or your sponsor's active service: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.
    - b. **Provide a copy of military documentation showing that you or your sponsor maintained South Carolina as state of legal residence.**
- 

Part 11: Certification and Signature

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on the belief that I am eligible to pay tuition and fees at the rate afforded to legal residents of South Carolina and/or Fairfield, Lexington or Richland County.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: Persons who gain resident status improperly by making or presenting willful misrepresentations of facts will be charged tuition and fees past due and unpaid at the out of state or out of county rate (whichever applies from their original residency classification) They will also be charged interest at a rate of 8% per annum, plus a penalty amounting to 25 %of the out of state or out of county rate for one semester. Until these charges are paid such students will not be allowed to receive transcripts or graduate from any state institution in South Carolina.

Midlands Technical College  
Residency Coordinator  
P.O. Box 2408  
Columbia, SC 29202  
Phone: 803-738-7735 Fax: 803-790-7515  
grossmanr@midlandstech.edu

revised 3/19/10