

Application for Classification as a Legal Resident of North Carolina for Tuition Purposes



Under North Carolina law, a person who qualifies as a resident for tuition purposes in North Carolina is eligible for a tuition rate lower than that for nonresidents for tuition purposes. Copies of the applicable law and of implementing regulations are available for inspection in the Office of the Registrar at the UNC Asheville OneStop Center, 011 Ramsey Library, CPO #1570, One University Heights, Asheville, NC 28804 and may be examined upon request. In essence, the controlling North Carolina statute (G.S. 116-143.1) requires that, "To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." Every student admitted or readmitted to UNC Asheville must be classified for the term admitted as either a resident or nonresident for tuition purposes prior to enrollment. To be classified as a resident for tuition purposes, you must furnish such evidence as the University may require to enable it to make such classification. If you claim North Carolina residency for tuition purposes but are admitted as a nonresident, you must complete this form and return it, along with supporting documentation, to the Office of the Registrar.

APPLICATION INSTRUCTIONS

- Respond to all questions** within the part(s) of the form you are to complete. If any question is not applicable to your situation, write "Not Applicable" or "N/A." Incomplete applications will not be processed.
- Print or type all responses.** If necessary, write "see attached" in the space provided and use additional sheets, numbering your response(s) the same as the corresponding question(s) and stapling or taping the separate sheets of paper to this application form.
- Be completely accurate to the best of your knowledge and understanding. **Intentional falsification of your responses may subject you to disciplinary action, including dismissal from the institution.** When "date" is requested, give month, day and year.
- Sign and date this application where indicated** to make those acknowledgments and certifications necessary to render this a viable application.
- Attach any documents which will support your claim. **Applications submitted without documentation will NOT be processed.**
- Students are encouraged to make copies of all documents for their records before submitting their application packet for review. No copies will be provided by the Office of the Registrar.

You are strongly encouraged to provide your social security number so that the University may more easily verify your information and process any financial aid and/or scholarship application you may submit.

- Social Security number _____ - _____ - _____ (voluntary)
- Applicant's Full name (*Miss, Mr., Mrs., Ms.*) _____
Last First Middle Suffix
- Date of birth _____ Place of birth _____ Sex _____
- Do you claim to be legal resident of the State of North Carolina? Yes No If so, from what date? _____
month, day, year

Note: If your response to question 4 is no, you do not need to complete the rest of this form unless subsequently instructed to do so; sign, date and initial in appropriate places on page 6.

- Current mailing address _____
Until _____ Email _____ Telephone (_____) _____ - _____
- Permanent home street address _____
Lived at that address since (date) _____ Telephone (_____) _____ - _____
County _____
- Last previous home street address **in** N.C. was _____
from (date) _____ to (date) _____
Last previous home street address **outside** N.C. was _____
from (date) _____ to (date) _____
- a) Are you currently enrolled at UNC Asheville? Yes No
b) Are you applying for admission? Yes No If yes, have you been accepted? Yes No

Circle earliest **term** and indicate **year** for which you want this application to apply: Fall, 20 _____ Spring, 20 _____ Summer, 20 _____

9. List **ALL** Secondary (high or preparatory) schools you attended in sequence: **Attach additional sheet if necessary**

	Name	Address (city & state)	From (Date)	To (Date)
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____

10. List **ALL** colleges and universities (private universities, colleges, junior colleges, community colleges, etc.) you have attended, in sequence (including UNC Asheville): **Attach additional sheet if necessary**

	Institution	Address (city & state)	From (Date)	To (Date)
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____

11. Have you applied previously for a determination of your residence status for tuition purposes at UNC Asheville? Yes No

12. Father living? Yes No Name _____ Occupation _____
Permanent home address _____ since (date) _____

13. Mother living? Yes No Name _____ Occupation _____
Permanent home address _____ since (date) _____

14. Parents separated or divorced? Yes No Who has/had custody of you? _____ since (date) _____

15. Legal guardian? Yes No Name _____ Occupation _____
Permanent home address _____ since (date) _____

16. Why and when did you move your home to North Carolina ? _____
_____ (date) _____

17. When and from what state or foreign country did you move your home and legal residence to North Carolina?
Moved from _____ on (date) _____

18. Your marital status Single Married (date) _____ Divorced (date) _____ Separated (date) _____
 Legal separation (date) _____ Widowed (date) _____ Marriage annulled (date) _____

19. If married, spouse's name _____
Occupation _____ Employer _____
Permanent home address _____ Date (from/to) _____
Last previous home address outside NC _____ Date (from/to) _____
Permanent legal residence (domicile) is (state) _____ Since (date) _____

20. List in chronological order, to date of this application, **all** places you have spent at least 7 consecutive days, **in-state or out-of-state**, during the past two years. Your response must include your current address, all other places lived, and vacations. **Attach separate sheet if necessary.**

	Place (city and state)	Occupation or Purpose	From (date)	To (date)
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____

21. Who last claimed you as an exemption on state and/or federal income tax returns, for what tax year, and in what state were returns filed?

a) On state return for the _____ tax year, filed in (state) _____

Name _____ Relationship to you _____

b) On federal return for the _____ tax year, filed in (state) _____

Name _____ Relationship to you _____

Is it the present intention of anyone (including yourself) to claim you as a dependent on state and/or federal income tax returns for the current tax year? Yes No If yes, who _____

Relationship to you _____ With respect to tax returns to be filed in what state(s)? _____

22. When and where (state or foreign country) did you do each of the following 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"):

Place/Month/Day/Year

a) Registered to vote: which state/ when _____

b) Voted: state/ when _____

c) Called to serve on jury duty (state) _____

d) Acquired or renewed driver's license: state/ when _____

e) Acquired ownership of property to use as your principal dwelling _____

f) Inclusive dates of such property ownership: from _____ to _____

g) Listed personal property for taxation in the county where you live _____

h) Filed state income tax return to: (state/ year) _____

Did you file as a resident, nonresident, or part-year resident or nonresident? _____

i) Had state income tax withheld during the current tax year? Yes No State(s) _____ Beginning Month/Day/Year _____

During the previous year? Yes No State(s) _____ Beginning (Month/Date/Year) _____

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

Type of vehicle (list all)	State(s) where registered/licensed/insured	Month/Day/Year
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_____	_____	_____
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_____	_____	_____
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23. The car(s) or other motor vehicles which you maintain and operate in N.C. are owned by

Name _____

Address _____ City, State, Zip _____

Registered/licensed in (state or foreign country) _____ Insured in the name of _____

Address _____ City, State, Zip _____

24. List the addresses at which you maintain or store personal property (clothing, furniture, cars, boats, pets, jewelry, appliances, stocks, bonds) and location of checking or savings accounts and trust funds and give percentage of value (of total personal property) maintained at each address: (attach additional sheet if necessary)

	Address(es)	% at Address(es)	Since (From/To Date)
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a) Personal Property	_____	_____	_____/_____/_____
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b) Accounts/Trust Funds	_____	_____	_____/_____/_____
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25. List your employment for wages in the last 24 months:

Job Title	Employer	Address (place & state)	(from) Dates (to)	Hrs/week
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____

If married, list your spouse's employment for wages for last two years.

Employer	Address (city and state)	Dates (mo/yr to mo/yr)	Hours per week
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____

26. Of the 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 (January ~ December, 20 __)		Current Calendar Year (January ~ December, 20 __)	
	% of Total	Used for	% of Total	Used for
Your earnings/employment	_____	_____	_____	_____
Your Savings	_____	_____	_____	_____
Your Spouse	_____	_____	_____	_____
Parent(s) or Guardian	_____	_____	_____	_____
Other (e.g. student loans, trust)	_____	_____	_____	_____
Total 100%	_____	100%	_____	_____

27. a) Have you, your spouse or either of your parents been in active military service within the past two years? ____ Yes ____ No
 If so, 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. You will also need to complete the [Military Tuition Benefit](#) supplemental form.

28. Answer the questions below for each of the following individuals: your spouse, parent(s) 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 past 24 months. Answer this question for your *father* unless your parents are separated or divorced. **If your parents are separated or divorced, answer this question for both parents.**

a) Name(s) _____ Relationship to you _____
 Permanent home address _____ Lived at this address since (date) _____
 Last previous home address _____
 From (date) _____ to (date) _____

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

- | | Place/Month/Day/Year |
|---|----------------------|
| 1) Registered to vote: which state/ when | _____ |
| 2) Voted: state/ when | _____ |
| 3) Called to serve on jury duty (state) | _____ |
| 4) Acquired or renewed driver's license: state/ when | _____ |
| 5) Acquired ownership of property to use as your principal dwelling | _____ |
| 6) Inclusive dates of such property ownership: from _____ to _____ | |
| 7) Filed state income tax return to: state/ when | _____ |
| Did he/she file as a resident, nonresident, or part-year resident or nonresident? | _____ |
| 8) Listed personal property for taxation | _____ |

9) Registered/licensed motor vehicle(s) _____
10) Claimed you as an exemption on State income tax return for _____ tax year, filed in (state) _____ on (date) _____
Federal income tax return for _____ tax year, filed in (state) _____ on (date) _____

29. If there are additional circumstances, events, or acts that you feel support your claim to North Carolina legal residence (domicile) for tuition purposes, attach a description of each. Attach separate sheet if necessary.

SIGNATURE AND ACKNOWLEDGEMENT

I hereby acknowledge that completion of Item 2 (Social Security number) is voluntary*. I understand that I may be required to provide my SSN on admission applications so that the University can fulfill its reporting obligations under Federal and State tax laws as applicable. 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 understand that knowingly falsifying my responses may subject me to disciplinary action, including dismissal from the University. 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 at this institution.

Signature of Applicant

Date

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

Date

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