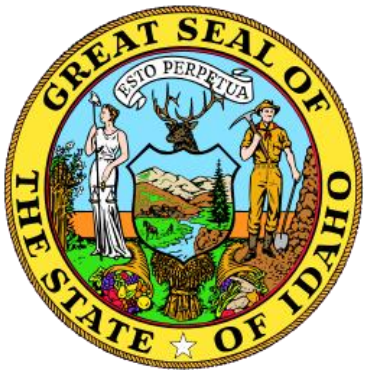
for Washington-Idaho Veterinary Medical Certification



IDAHO RESIDENCY DETERMINATION WORKSHEET

Approved: _____	Denied: _____
Date: _____	Evaluator: _____

STUDENT NAME: _____ **Date:** _____
Last First Middle

STUDENT ID NUMBER: n/a WSU VET MED APPLICANT

Email address: _____ **DOB:** _____

Term for which worksheet submitted: ☐ Fall, 20_____ ☐ Spring, 20_____ ☐ Summer, 20_____

PLEASE READ BEFORE COMPLETING

DEADLINE: Qualifications for residency must be met **prior to the opening day of the semester** for which the reclassification is sought. All worksheets and required documentation must be **submitted by the 10th day** of the semester in which reclassification is sought. Failure to provide required documentation with the worksheet will result in denial of residency.

I certify by my notarized signature that the statements made in this worksheet and the information provided are true, complete, and correct to the best of my knowledge. I understand that any material misrepresentation or omission from this worksheet may be grounds for institutional action which may affect my status as a student.

Students who wish to be considered for resident fees are expected to read the Idaho Residency Law and Administrative Rules, complete this worksheet, and submit required documentation to the appropriate office.

If additional space is required, attach a separate sheet. Additional documents may be requested from the student, parent, legal guardian, or spouse to support this worksheet. Once signed, notarized, and received by the institution, this worksheet and accompanying documentation become an official document on which questions of residency are resolved. This document will not be returned to the student. **Please review your responses carefully before the document is signed and notarized.**

PLEASE PRINT OR TYPE

PART I: Complete *ALL* of PART I.

Present Address: _____ ( ) _____
number & street city state zip area code phone

Permanent Address: _____ ( ) _____
number & street city state zip area code phone

Citizenship: ☐ USA ☐ Other

If citizenship is "other," provide copies of relevant Immigration documents including but not limited to your visa. **Attach copy of Permanent Resident Card or US Citizenship and Immigration Services Approval Notice.**

If citizenship is "other," answer the following questions: Country of citizenship: _____

Visa type: _____ Alien registration number: A - _____ Other: _____

Have you received financial assistance provided by a state other than Idaho to attend an institution within Idaho? ☐ Yes ☐ No

If yes, what were the dates (month/day/year) and types of assistance? From: _____ To: _____

From: _____ To: _____

Have you received WUE (Western Undergraduate Exchange) non-resident tuition assistance? ☐ Yes ☐ No

If yes, what were the dates (month/day/year) of assistance? From: _____ To: _____

Have you been out of Idaho during the last 12 months? ☐ Yes ☐ No **If yes, give dates and reasons for your absence.**

Dates (month/day/year)		City & State	Purpose
From:	To:		
From:	To:		
From:	To:		

PART II:

Please check **all** boxes that are applicable to you and fill in the blanks below the checked box(es). ***YOU MUST CHECK AT LEAST ONE*** (A – J).

☐ **A.** One or more of my parents/legal guardians or spouse's parents is domiciled in Idaho and has maintained a bona fide domicile in Idaho for at least 12 months prior to the opening day of the school term which I plan to enroll **AND** I receive at least 50% of my financial support from my parents/legal guardians. **Parents/legal guardians must complete PART III and IV and/or V.**

Check one: ☐ Parent(s) ☐ Legal Guardian(s)

Name(s) of parent(s)/legal guardian(s) residing in Idaho: _____

Physically resided in Idaho since: _____ (month/day/year)

What percentage of financial support do you receive from your parent(s)/legal guardian(s)? _____

Permanent Address: _____
number & street city state zip

☐ **B.** I receive **LESS THAN** 50% of my financial support from parents/legal guardians. I have continuously resided and maintained a bona fide domicile in Idaho for purposes other than education for at least 12 months prior to the opening day of the term at this institution. **Students must complete PART III and IV and/or V.**

What percentage of financial support do you receive from your parent(s)/legal guardian(s)? _____

☐ **C.** I am or will be a graduate of an accredited Idaho high school and I will attend this institution during the term immediately following high school graduation. **Attach verification of your graduation from an Idaho high school or current enrollment at an Idaho institution for medical education residency.**

Accredited Idaho high school from which I graduated: _____

Graduation date: _____ (month/year) Institution currently attending: _____

☐ **D.** I am married to an Idaho resident. My spouse is a resident of _____ County. **Attach a copy of your marriage certificate and have your spouse complete PART III and IV and/or V if not a current student.**

Name of your spouse who is an Idaho resident: _____

Is your spouse a student at this university/college? ☐ Yes ☐ No If yes, spouse's ID#: _____

☐ **E.** I, or my spouse, is a member of the armed forces of the United States who entered service as an Idaho resident and who has maintained Idaho resident status, but is not currently stationed within the state of Idaho on military orders. **Attach a copy of the military orders, documentation showing Home of Record (Examples: DD Form 1966 or DD Form 4), and marriage certificate (if spouse).**

☐ **F.** I, or my spouse, is a member of the Armed Forces of the United States and currently stationed in the state of Idaho on military orders. I, or my spouse is stationed in _____ County. **Attach a copy of the orders assigning you in Idaho and attach a copy of your marriage certificate (if your spouse is stationed in Idaho on military orders).**

☐ **G.** I, or my spouse, is an officer or an enlisted member of the Idaho National Guard. **Attach a copy of your orders assigning you to the Idaho National Guard.**

☐ **H.** I, or my spouse, has been separated under honorable conditions from the Armed Forces after at least two years of service. **Attach a copy of your marriage certificate (if spouse) and the service member's DD 214 (Member 4 Copy).** Check one:

☐ At the time of separation, I or my spouse designated the State of Idaho as my intended domicile or indicated Idaho as my home of record, and I am entering this institution within one year of the date of separation.

☐ I and my spouse intend to make Idaho my(our) state of residence and will actively establish domicile within one calendar year.

☐ **I.** One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces **(please have parent/legal guardian complete Part III).** Check one:

- ☐ My parent/legal guardian is currently stationed in _____ County. **Attach a copy of orders assigning one or both parents in Idaho, and attach a copy of your dependent military ID card.**
- ☐ My parent/legal guardian entered the service as an Idaho resident and is not currently stationed in Idaho on military orders; however, s/he has maintained Idaho resident status. **Attach a copy of your parent's current military orders, military documentation that shows Idaho as the state of residence, and your dependent military ID card. Parent must complete Part III, and IV, or V of this worksheet.**
- ☐ My parent/legal guardian is an officer or enlisted member of the Idaho National Guard. **Attach a copy of the orders and your dependent military ID card.**
- ☐ My parent/legal guardian has been separated under honorable conditions from the United States armed forces and designated Idaho as his/her home of record or intends to make Idaho his/her state of residence and actively establish domicile within one calendar year. **Attach a copy of the service member's DD214 (Member 4 Copy) and your dependent military ID card.**

Check one: ☐ Parent(s) ☐ Legal Guardian(s) Percentage of support provided: _____

Location where parent(s) or legal guardian(s) is presently stationed with the Armed Forces: _____

Date of assignment: _____
month/day/year

☐ **J.** I have been away from the State of Idaho. I have not established legal residence elsewhere. I was a resident of the State of Idaho for a continuous 12-month period immediately prior to departure. **Please answer the following questions *(continues to next page)* and complete PART III and IV and/or V for the period of residence in Idaho.**

1. Give dates and reasons for absence from the State of Idaho:

Dates (month/day/year)		Reasons:
From:	To:	
From:	To:	

2. Give dates, reason(s) you qualified as a resident prior to leaving the State of Idaho:

Dates (month/day/year)		Reasons:
From:	To:	
From:	To:	

3. Have you been away from the state of Idaho for a period of time equaling less than 30 months? ☐ Yes ☐ No
4. Have you been enrolled in a postsecondary institution outside the state of Idaho? ☐ Yes ☐ No **If yes, please provide a letter from the institution stating your residency classification while enrolled.**
5. Do you certify that you have **not** established legal residence in a state other than Idaho in the time that you have been gone?
   ☐ Yes ☐ No

☐ **K.** I am a member of one of the following Idaho Native American Indian tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai. **Attach a copy of your tribal membership papers.**

PART III: *PLEASE ANSWER **ALL** QUESTIONS*. Answers are to be for the person on which residency is based.

I am the: ☐ Student ☐ Student's spouse ☐ Student's parent ☐ Student's legal guardian

Name of person completing worksheet (if not student): _____
Last First Middle

1. Date on which you arrived in Idaho to establish a bona fide domicile: _____
month/day/year

2. List your purposes for being in Idaho: _____

3. **(PARENT(S)/GUARDIAN(S) ONLY)** What percentage of financial support do you provide the student? _____

   Please list your state of residence: _____

4. **(PARENT(S)/GUARDIAN(S) OR SPOUSE ONLY)** Are you a citizen of the United States? ☐ Yes ☐ No **If no, complete this section and attach a copy (front and back) of your resident card, visa, and/or refugee stamp in your passport.**

   Country of citizenship: _____

   Legal Permanent/Temporary Resident: _____ Refugee Status: _____

   Visa Status: _____ Type of Visa: _____

PART IV: *PLEASE ANSWER **ALL** QUESTIONS*. Answers are to be for the person on which residency is based. If you can answer **yes** to ANY of these questions, skip part V and proceed to notarization.

1. Have you filed an **Idaho** state income tax return covering a period of at least twelve (12) months before the term in which the student proposes to enroll as a resident student? ☐ Yes ☐ No **If yes, provide the following information and attach a copy of your full-year resident Idaho state tax return:**

Tax Year	Date Filed (month/day/year)	Address given on tax form

2. Have you maintained permanent, full-time employment in Idaho? ☐ Yes ☐ No

   List your employment for the previous 12 months. **Attach documentation from your employer(s) stating the average number of hours you worked per week.**

Dates (month/year)		Employer	City & State	Hours/wk
From:	To:			
From:	To:			
From:	To:			

3. Do you own and reside in your own living quarters in Idaho? ☐ Yes ☐ No **If yes, attach documentation verifying ownership.**

   _____ Date Purchased: _____
   number & street city state zip month/day/year

PART V: *PLEASE ANSWER **ALL** QUESTIONS, IF ALL ANSWERS IN PART IV ARE **NO**.* Answers are to be for the person on which residency is based.

1. Do you own any motor vehicle(s), mobile home(s), trailer(s), boat(s), etc.? ☐ Yes ☐ No **Attach copy(ies) of current Idaho vehicle registration(s).** Original date of registration: _____
   month/day/year

2. Are you currently registered to vote? ☐ Yes ☐ No **Attach documentation of your voter registration.**

   Date Registered _____ City _____ State _____ Date Voted _____
   month/day/year month/day/year

3. Do you hold a Driver's License/State ID Card? ☐ Yes ☐ No **If yes, attach a copy of your Driver's License/State ID Card.**

   State where issued: _____ Original date issued: _____
   month/day/year

4. Can you claim domicile in any other state? ☐ Yes ☐ No **If no, attach documentation to provide evidence of abandonment of previous domicile.**

5. Where are your household goods and/or belongings currently located? **Attach documentation of location of household goods such as a property tax statement, a residential lease, etc.**

   _____
   number & street city state zip

6. Do you bank at a financial institution in Idaho? ☐ Yes ☐ No **If yes, give name and location of bank and attach documentation from your financial institution.** (Bank statement must have Idaho address)

   Name _____ Address_____

   Date account established: _____
   month/day/year

NOTARIZATION: The student submitting this worksheet must sign this section in the presence of a notary. This worksheet cannot be acted upon until notarized. This section is to be completed by a notary public after this form has been filled out.

State of _____

County of _____

The undersigned person, being first duly sworn, deposes and says:

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 full 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.

Do not sign this form until *in the presence* of a notary public _____
Signature of Student

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____

S _____
E Notary Public
A
L My commission expires: _____