UW WWAMI MEDICAL

IDAHO STATE BOARD OF EDUCATION - Residency Determination Worksheet

Directions: Please print clearly and answer each question. Incomplete or illegible forms cannot be considered and will be returned. Falsification or intentionally erroneous information is subject to penalty of perjury under the laws of the State of Idaho. All information will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Qualifications for residency must be met prior to the opening day of the semester for which the reclassification is sought. **Complete this worksheet in full, checking all applicable boxes and attach copies of all required documentation.** This worksheet and all 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. The requirements for residency are found at *Idaho Code Title 33, Chapter 37* and *IDAPA 08.01.04*.

SECTION 1: General Information – Student

(1) Name (Last, First, Middle):	(2) Phone Number: ( )	FOR OFFICE USE ONLY Evaluator:
(3) Current Address:	(4) Student ID Number: **WWAMI applicant**	☐ Dependent ☐ Independent ☐ Resident ☐ Non-Resident
(5) E-mail Address:	(6) Semester and year for which you are seeking residency:	Date Received:
(7a) Name of Last High School Attended: (7b) State: (7c) Graduation Month and Year:		Effective Semester:
(8) Student's country of citizenship:		

If you are not a United States citizen, answer questions 9a, 9b, and 9c and attach a copy of both sides of the applicable documentation.

(9a) Do you hold permanent or temporary resident immigration status with the United States Citizen and Immigration Services ("USCIS")?

☐ Yes ☐ No

(9b) Do you hold "refugee-parolee" or "conditional entrant" status with the USCIS?

☐ Yes ☐ No

(9c) Are you permanently residing in the United States under color of law?

☐ Yes ☐ No

(9c.1) If you answered "yes" to question 9c, attach proof that you were inspected and admitted to the United States through the USCIS and that you have not violated the terms of your admittance.

If you are not a citizen of the United States and cannot answer yes to 9a, 9b or 9c, you cannot be classified as an Idaho resident.

SECTION 2 (Dependent Student)

☐ (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 *domicile* in Idaho for at least 12 months prior to the semester for which I am registering.

If you check this box, your parent/guardian must provide proof of providing at least 50% of your financial support (e.g., dependent on tax return) and provide proof of *domicile* in Idaho (by completing **SECTION** 4 and providing all requested supporting documentation).

SECTION 3 (Independent Student)

☐ (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 12 months preceding the semester for which I am registering.

If you check this box, you (or your spouse, if applicable) must complete **SECTION 4** and provide all requested supporting documentation.

(12) **Student's Sworn Statement:**

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), for the current and prior 12 months, and have not received and will not receive financial assistance in cash or in kind of an amount equal to or greater than that which would qualify me to be claimed as a dependent for federal income tax purposes by any person except myself or my spouse during the current or prior 12 months.

Signature: _____ (13) Date: _____

SECTION 3 (Independent Student - Continued)

☐ (13) I have been physically present in Idaho for the 12 months prior to the semester for which residency is sought. If you check this box, you must provide substantial evidence of your presence in Idaho.	**Attach documentation.**
☐ (14) I have been outside of Idaho during the past 12 months.	**Attach documentation detailing dates and locations**
☐ (15) 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. If you check this box, your spouse must provide proof of Idaho *domicile* (by completing **SECTION 4** and providing all requested supporting documentation). My spouse's name is:_____ ☐ (16) 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.**

SECTION 4 (Domicile)

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 as a **dependent** student under SECTION 2, your parent /guardian must complete this section. If you are applying as an **independent** student under SECTION 3, you, (or your spouse if your claim of residency is based on your spouse), must complete this section. **Do not leave any questions blank. No decision can be made unless all questions are completed and all required documentation is submitted.**

(17) This section is completed by: Print Name:_____ ☐ Parent ☐ Legal Guardian ☐ Spouse ☐ Student	(18) Date of your arrival in Idaho : Month ____Day ____Year _____	(19) Date you declared Idaho as your domicile and abandoned all prior domiciles: Month ____Day ____Year _____

(20) Purpose for moving to Idaho:

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

(22) List chronologically your employment and physical residence for the 12 months prior to the semester for which residency is sought. Provide supporting documentation from employer confirming employment and hours worked, and evidence of home address such as utility statements, rental agreements, and bank statements. Attach additional pages if necessary.

DATES OF EMPLOYMENT		LOCATION (OF EMPLOYMENT)	OCCUPATION	HOME ADDRESS
Mo. Day Yr.	Mo. Day Yr.	City State	Employer Hrs/wk	Street City State
From	**To**			
From	**To**			
From	**To**			
From	**To**			

(23) ☐ 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.**
(24) Have you owned a home in Idaho for the 12 months prior to the semester for which residency is sought? ☐ **Yes** ☐ **No**	**If yes, attach a copy of your deed.**
(25) Have you rented a home in Idaho for the 12 months prior to the semester for which residency is sought? ☐ **Yes** ☐ **No**	**If yes, attach a copy of your rental/lease agreement.**
(26) Have you ever registered to vote in Idaho? ☐ **Yes** ☐ **No** **If yes**, list date and city of voter registration. Date: _____ City: _____	**If yes, provide copy of your voter registration.**
(27) 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? ☐ **Yes** ☐ **No** ... Original registration date: _____	**If yes, attach a copy of registration. Do not attach copies of vehicle title(s).**

SECTION 4 (Domicile), continued

(28) Do you have an Idaho driver's license or Idaho issued ID card? ☐ **Yes** ☐ **No**	**If yes**, list date issued:	**If yes, attach a copy of your current driver's license or Idaho issued ID card.**
(29) Do you have a bank account in Idaho? ☐ **Yes** ☐ **No**	Date account opened:_____ Name of bank:_____ Branch location:_____ City:_____	**If yes, attach documentation**.
(30) My minor children are enrolled in K-12 school in Idaho.		**If yes, attach documentation from schools at which your children are enrolled.**
(31) I have received financial assistance from a state governmental unit or agency during the past 12 months? ☐ I don't wish to provide this information to prove domicile.		**If yes, attach documentation.**
(32) I will you receive state financial assistance during the next 12 months? ☐ I don't wish to provide this information to prove domicile.		**If yes, attach documentation.**
(33) If applying as an independent student, have you ever paid in-state tuition at any college or university? ☐ **Yes** ☐ **No** **If yes,** date of last semester attended:_____ Name of institution: _____ Dates attended: from _____ to _____		**If yes, attach documentation.**
(34) 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 etc.		

SECTION 5 (Armed Forces / Idaho National Guard)

If you are applying for residency as a dependent student and your parent/guardian is in the Armed Forces or Idaho National Guard, or 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, complete this section. **"Armed Forces"** means the United States Army, Navy, Air Force, Marine Corps, or Coast Guard.

☐ (35) I am applying for residency as a dependent student and the following checked boxes apply to my parent/guardian.

☐ (36) I am applying for residency as an independent student and the following checked boxes apply to: ☐ me ☐ my spouse.

☐ (37) 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.	**Attach a copy of the applicable military documentation (DD-214).**
☐ (38) I am a member of the Armed Forces and currently stationed in _____ County, Idaho.	
☐ (39) I am an officer or an enlisted member of the Idaho National Guard.	
☐ (40) 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.	
☐ (41) 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.	

SECTION 6 (Absence from Idaho)

(42) Complete this section if you were domiciled in Idaho for at least 12 months prior to departure from Idaho, did not establish a domicile outside of Idaho, and have recently moved back to Idaho. List the dates and reason(s) for absence from Idaho. Attach additional sheets if necessary.

DATES		REASONS
Mo. Day Yr.	**Mo. Day Yr.**	
From	**To**	
From	**To**	

☐ (43) I was enrolled in a postsecondary institution while absent from Idaho.	**Attach letter from the institution stating your residency classification while enrolled.**
☐ (44) I certify that I did not establish a domicile outside of Idaho while absent for the above time period.	

SECTION 7 (Tribal Member)

☐ (45) I am a member of one of the following Native American Tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai, Eastern Shoshone.	**Attach a copy of your tribal membership papers.**

NOTARIZATION:

The student submitting this worksheet must sign this section in the presence of a notary. This worksheet cannot be acted upon until notarized.

Print student's name:_____.

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 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 of Student: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

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

NOTARIZATION:

The parent/guardian or spouse (as applicable) must sign this section in the presence of a notary. This worksheet cannot be acted upon until notarized.

Print name of parent/guardian or spouse:_____.

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 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 of Parent/Guardian (or Spouse): _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

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