

South Carolina Residency Certification Form

legal last name _____ legal first name _____ legal middle name _____ (suffix—Jr., II, III, etc.) _____

Applicant's Social Security number: _____ Date of birth: _____ Term you expect to begin classes: _____

Citizenship (Check only one)

- a. U.S. citizen b. Not U.S. citizen, but permanent resident of U.S. **Date permanent resident status granted** _____
c. Other; give visa type _____

Note: If you are not a U.S. citizen, attach photocopy of official document verifying your immigrant status.

INDEPENDENT PERSONS COMPLETE ITEMS 1–7 and sign back of form. Independent persons are persons who will provide more than half of their own support the 12 months immediately preceding the year of their enrollment or re-enrollment, and they will not be claimed as dependents or exemptions on anyone's federal income tax return the year of their enrollment or re-enrollment.

1 Addresses where you have physically resided for the past two years (include current address):

street _____ city _____ state _____ zip _____ from (mo/yr) _____ to (mo/yr) _____
street _____ city _____ state _____ zip _____ from (mo/yr) _____ to (mo/yr) _____

2 Employment for the past two years: **(If you have been unemployed the past two years, list your last employer.)**

employer _____ city/state/zip _____ full-time or part-time _____ from (mo/yr) _____ to (mo/yr) _____
employer _____ city/state/zip _____ full-time or part-time _____ from (mo/yr) _____ to (mo/yr) _____

3 If you have been part-time employed or unemployed during the past 12 months, list the sources of the majority of your support for the past 12 months:

If the majority of your support has been from someone else during this time, complete items 8–17 on the back of this form.

4 Do you have a driver's license? yes no If yes, from what state? _____ Driver's license number _____
Current date of issue of driver's license _____ month _____ day _____ year If you have an S.C. driver's license, when did you first obtain it? _____ month _____ day _____ year

5 Do you have a motor vehicle registered in your name? yes no If yes, in what state is the vehicle registered? _____
Current date of issue of vehicle registration certificate _____ month _____ day _____ year Date this vehicle purchased _____ month _____ day _____ year
Date you first registered this vehicle in South Carolina _____ month _____ day _____ year

6 Did you file an S.C. income tax return for the last tax year? yes no
If so, under what status did you file the return? full-year resident part-year resident nonresident

7 To be completed if you are under 25 years of age

City and state where parents reside: Mother _____ Father _____
What year did your parents last claim you as a dependent on their federal income tax return? _____
Will your parents claim you as a dependent on their federal income tax return the year you plan to begin classes? yes no

The University is required by South Carolina law to determine the resident classification of applicants and students for purposes of receiving in-state tuition and fees. All applicants who claim South Carolina residency for these purposes must complete all applicable parts of this form. Incomplete forms will be returned to applicants.

The Legal Residency Office may request additional information if further clarification is needed.

For more information, visit:
www.sc.edu/bursar/residency.html
or contact us at:
burslegr@mailbox.sc.edu.

Do not mail to the admissions office.

(for official use only)

Res _____
Non-Res _____
Date _____
R.O. _____

DEPENDENT PERSONS COMPLETE ITEMS 8-17 and sign at the bottom of this form. Dependent persons are persons who will not provide more than half of their own support the 12 months prior to their enrollment or reenrollment, and they will be claimed as dependents or exemptions on someone else's federal income tax return the year of their enrollment or reenrollment. Dependent persons are also persons who are under the legal custody of a parent or legal guardian.

8 Name of person who will provide more than half of your support the 12 months prior to your enrollment or re-enrollment and will claim you as a dependent or exemption on his or her federal income tax return the year of your enrollment or re-enrollment, or name of person who has legal custody of you:

Name _____ Relationship _____
(only one person)

If legal custody granted, give date legal custody was granted _____

9 Citizenship of person in Item #8 (check only one)

a. U.S. citizen b. Not U.S. citizen, but permanent resident of U.S. **Date permanent resident status granted** _____

c. Other; give visa type _____

Note: If person is not a U.S. citizen, attach photocopy of official document verifying the person's immigrant status.

10 Addresses where person named in Item #8 has physically resided for the past two years (include current address):

_____ street _____ city _____ state _____ zip _____ from (mo/yr) _____ to (mo/yr) _____

_____ street _____ city _____ state _____ zip _____ from (mo/yr) _____ to (mo/yr) _____

11 Employment for the past two years of person named in item #8: **(If unemployed the past two years, list last employer.)**

_____ employer _____ city/state/zip _____ full-time or part-time _____ from (mo/yr) _____ to (mo/yr) _____

_____ employer _____ city/state/zip _____ full-time or part-time _____ from (mo/yr) _____ to (mo/yr) _____

12 Does the person in Item #8 have a driver's license? yes no If yes, from what state? _____ Driver's license number _____

Current date of issue of driver's license _____ month _____ day _____ year If this person has an S.C. license, when did they first obtain it? _____ month _____ day _____ year

13 Does the person in Item #8 have a motor vehicle registered in his or her name? yes no If yes, in what state is the vehicle registered? _____

Current date of issue of vehicle registration certificate _____ month _____ day _____ year Date this vehicle purchased _____ month _____ day _____ year

Date the person first registered this vehicle in South Carolina _____ month _____ day _____ year

14 Did the person in Item #8 file an S.C. income tax return for the last tax year? yes no

If so, under what status did he or she file the return? full-year resident part-year resident nonresident

15 Did or will the person in Item #8 claim you as a dependent or exemption (married filing jointly) on his or her last year's federal income tax return? yes no

16 Will the person in Item #8 claim you as a dependent or exemption on his or her federal tax return the year you expect to begin classes? yes no

If not, you also need to complete items 1-7 on the front of this form.

17 I certify that the information I have provided is true and accurate. I understand that additional information may be requested if further clarification is needed.

Signature _____ Date _____

Daytime Phone Number (Area Code) _____ (Number) _____

Preferred Email Address _____

Complete both pages of this form (1 & 2) and mail to:

University of South Carolina
 Office of the Bursar -
 Legal Residency
 Columbia, South Carolina 29208
 Phone: (803) 777-4060

OR

Fax both pages to:
 (803) 777-3977

(Do not mail if you fax form.)