

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



RESIDENCE QUESTIONNAIRE

Spokane Falls Community College
 Residency Office MS 3011
 3410 W Ft George Wright Dr
 Spokane WA 99224-5288
 509-533-3520

Spokane Community College
 Residency Office MS 2150
 1810 N Greene St
 Spokane WA 99217-5399
 509-533-7019

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 perjury under the laws of the state of Washington, RCW 9A.72.085. All information will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. *Once a domicile is established in Washington it must continue for a year before you are eligible for resident tuition. Complete form in full and attach required documentation. PLEASE PRINT.*

SECTION 1					
Name	LAST	FIRST	MI	Phone number ()	FOR OFFICE USE ONLY
					Type
Address		STREET		CITY	STATE
		ZIP		ID number	
E-mail address			Birth city, state, county		Birth date
1. Last high school attended _____ State _____ Year graduated _____					Effective date
2. For what term are you now seeking residence classification? Year 20_____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer					<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
If you have previously applied at this institution for a change in residence status, indicate: Term _____ Year _____					
3. Class standing: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional School _____					Residence classification officer
4. At this institution you are or will be enrolled as a: <input type="checkbox"/> New student <input type="checkbox"/> Continuing student <input type="checkbox"/> Returning former student					
If continuing or former student, give number of credit hours for which you were registered during each of the last three terms and identify each term by session and year:					
Credit _____ Term _____ Year _____ / Credit _____ Term _____ Year _____ / Credit _____ Term _____ Year _____					
5. Country of citizenship:			5b. Do you hold "Refugee—Parolee," "Conditional Entrant" or PRUCOL status?		
If not U.S.A., answer 5a, 5b and 5c. If yes to 5a, 5b or 5c, attach a copy of your U.S. Permanent Resident card, form I-94 or other immigration documentation.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
5a. Do you hold permanent or temporary resident immigration status?			5c. Do you hold a visa classification of A, E, G, I or K?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Have you received financial assistance from a state or government unit or agency during the past 12 months?			If yes , indicate state, agency, type of assistance, disbursement dates, etc		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Will you be receiving state financial assistance during the next 12 months?			If yes , indicate state, agency, type of assistance, disbursement dates, etc.		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION 2					
1. Are you applying for resident status as a dependent student whose parent or court-appointed legal guardian has maintained a bona fide domicile in the state of Washington for at least one year?		If yes, your parent or legal guardian must complete Section 3 of this form providing proof of his/her Washington domicile and all requested supporting documentation. Verification of your dependent status must be documented by submitting a true and correct copy of your parent's or legal guardian's state and federal income tax return for the most recent tax year. The extent of the disclosure required concerning the parent's or legal guardian's state and federal tax returns is limited to the listing of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.			
2. Are you applying for resident status as a financially independent student?		If yes, you must complete Section 3 of this form and provide all requested supporting documentation.			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
2a. STUDENT'S SWORN STATEMENT					
I have not been and will not be claimed as an exemption for federal income tax purposes by any person except myself or my spouse for the current calendar year and for the calendar year immediately prior to the year in which this application is made; and I have not received and will not receive financial assistance in any form directly or indirectly from parents, relatives, legal guardians or others for the current year and for the calendar year immediately prior to the year in which this application is made.					
Signature _____ Date _____					
2b. To further substantiate your financial independence, you are required to submit appropriate documentation, including but not limited to:					
<ul style="list-style-type: none"> • A true and correct copy of your state and federal income tax return for the calendar year immediately prior to the year in which this application is made. If you did not file a state or federal income tax return because of minimal or no taxable income, documented information concerning the receipt of such nontaxable income must be submitted. • A true and correct copy of your W2 forms filed for the previous calendar year. • Other documented financial resources, which may include but are not limited to, the sale of personal or real property, trust fund, state or financial assistance, gifts, loans, or earnings of the spouse of a married student. • If you are 24 or younger, provide a true and correct copy of the first and signature page of the state and federal tax return of your parents, legally appointed guardians, or person or persons who have legal custody of you for the calendar year immediately prior to the year in which this application is made. The extent of the disclosure required concerning the parent's or legal guardian's state and federal tax returns is limited to the listing of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns. 					

SECTION 3

DIRECTIONS: Do not leave any questions blank. No decision can be made unless all questions are completed and all required documentation is submitted.

1. This section is being completed and signed by: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Student	Date of your arrival in Washington: Month_____ Day_____ Year_____	Date you took action to officially declare Washington as your permanent, legal domicile: Month_____ Day_____ Year_____
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Purpose of moving to Washington:

2. List chronologically your employment and physical residence for the last two years giving exact information as requested below. If you were not employed, list your physical residence for the last two years. Attach additional page if necessary.

DATES OF EMPLOYMENT			LOCATION		OCCUPATION		HOME ADDRESS					
FROM: Mo	Day	Yr	TO: Mo	Day	Yr	City	State	Employer	Hours/week	Street	City	State

Note: You must provide proof of your physical presence in Washington the past 12 months (e.g., copies of rent receipts, lease or home purchase agreements, cancelled rent checks, letter from landlord, letter from employer, etc.)

3. If you were out of Washington during the last 12 months, give dates and reasons for your absence:

DATES OF ABSENCE			LOCATION		PURPOSE OF ABSENCE		
FROM: Mo	Day	Yr	TO: Mo	Day	Yr	City	State

4. Have you ever registered to vote in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a copy of your current voter's card.	If yes, list date, city and state for your last two registrations. Date_____ City_____ State_____ Date voted_____
		Date_____ City_____ State_____ Date voted_____

5. Do you own or use any motor vehicles, RV's, boats or mobile homes in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give type of vehicle, license number, state and dates of registry. You must attach a copy of the vehicle registration (not the title). Type of vehicle_____ License number_____ State_____ Date of purchase_____ Date of registry_____
	Type of vehicle_____ License number_____ State_____ Date of purchase_____ Date of registry_____

6. Do you have a valid driver's license in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you must attach a copy of your current driver's license.	If yes, in what state?	When did you first obtain a driver's license in that state? Date_____
	Previous driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what state?	When did you first obtain a driver's license in that state? Date_____

7. Do you have bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach documentation of date you opened account.	If yes, since what date?	Name of bank_____ Branch_____
			City_____ State_____

8. Have you ever paid in-state tuition at a public institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No	8a. Have you ever attended a Washington college/university for more than 6 hours per term? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____
If yes, date of last term_____	Dates attended: From_____ To_____
Name of institution_____	Dates attended: From_____ To_____
Dates attended: From_____ To_____	

9. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, attach a copy of your U.S. Permanent Resident card, I-94 or other immigration documentation.
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10. List business or professional licenses (name and state of issue)	
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11. **Other (evidence of coverage for medical, life, automobile or property insurance, state licenses such as hunting or fishing, etc.) Explain:**

Notice: Residence questionnaires requesting a change in residence classification shall be accepted up to the thirtieth calendar day following the first day of the quarter/semester for which application is made. Questionnaires received after that date shall be considered to have been filed as of the first day of the subsequent quarter/semester.

STATEMENT OF INTENT

I certify that I have declared Washington as my true, fixed and permanent place of habitation.

CERTIFICATION

I certify under penalty of perjury under the laws of the State of Washington, RCW 9A.72.085 that the foregoing and all supporting documentation are true and correct.

Signature of parent (if completing SECTION 3)_____ Date_____

Parent street address_____ City_____ State_____

Signature of student_____ Date_____