

Office use only

Submit this form if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23.1-510, Code of Virginia. All questions must be answered. Failure to complete this form will result in a classification of non-Virginia domicile. Please return this form to the Office of Undergraduate Admissions, Virginia Tech, 965 Prices Fork Road, Blacksburg, VA 24061. Supporting documents and additional information may be required.

A APPLICANT INFORMATION

Name _____

How long have you lived in Virginia? Years _____ Months _____

Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Citizenship: (please circle one) **U.S. Citizen** **Permanent Resident** **Non-Permanent Resident/Visa Type** _____ (please include a copy of your visa)

Where have you lived in the last two years? Please list current address first:

Street Address City State Zip From (mo/yr) To (mo/yr)

Will you be age 24 before the first day of classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran of the U.S. Armed Forces or active duty military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a ward of the court or were you a ward of the court until age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have legal dependents (other than a spouse)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

L If you answered YES to any of the above questions, please complete Section B: Student Information, skip Section C, and sign Section D.
If you answered NO to all of the above questions, complete section B, C, & D in their entirety.

B STUDENT INFORMATION

All students should complete section B and sign section D.

Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? ☐ Yes ☐ No

For the twelve months prior to the term in which you will enroll, will you have:

1. filed a Virginia resident income tax or paid taxes to Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If "no", did you file taxes somewhere other than Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. been a registered voter in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. If "no", are you a registered voter somewhere other than Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. held a valid Virginia driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. If "no", do you have an ID or license from somewhere other than Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. owned or operated a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If yes, has it been registered in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If you are currently on active duty in the military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5a. Are you stationed to a permanent duty station in Virginia, Washington, D.C., or any state contiguous to Virginia? (If yes, please attach or mail a copy of orders.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5b. Does your Leave and Earnings Statement reflect Virginia as your state of residence? (If yes, please attach or mail a copy of a Leave and Earnings statement reflecting Virginia withholding.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer this question only if you are a non-resident employed in Virginia.

6. Do you commute from a residence outside of Virginia to a work site in Virginia for full-time employment and pay Virginia non-resident income tax on all taxable income earned in Virginia? (If yes, please attach or mail a letter verifying Virginia employment and a copy of the most recent non-resident Virginia income tax return.) ☐ Yes ☐ No

(continued on next page)

C PARENT, SPOUSE, OR LEGAL GUARDIAN INFORMATION

This section should be completed by the individual with whom you wish to establish your Virginia domicile.

Dear Parent, Spouse, or Legal Guardian, Failure to answer all questions in this section may result in the applicant being automatically listed in the system as out-of-state for tuition purposes. Please complete the section in its entirety, with the exception of questions 5 and 7 if they do not apply. Please note that you must also sign section D in order for this section to be considered complete.

Do your parents/legal guardian/spouse provide 50% or more of your financial support OR claim you as a tax dependent? ☐ Yes ☐ No

Name _____

Relationship to Applicant: (please circle one) mother father legal guardian spouse

Is your current address the same as the permanent address of the applicant? ☐ Yes ☐ No

Date of Birth: ____ / ____ / ____
MONTH DAY YEAR

Home Phone: _____

Personal E-mail address: _____

Citizenship: (please circle one) U.S. Citizen Permanent Resident Non-Permanent Resident/Visa Type _____ (please include a copy of your visa)

How long have you lived in Virginia? Years ____ Months ____

Where have you lived in the last two years? Please list current address first:

Street Address	City	State	Zip	From (mo/yr) To (mo/yr)

For the twelve months prior to the term in which the applicant will enroll, will you have:

- | | |
|--|--|
| 1. filed a Virginia resident income tax or paid taxes to Virginia?
1a. If "no", did you file taxes somewhere other than Virginia? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. been a registered voter in Virginia?
2a. If "no", are you a registered voter somewhere other than Virginia? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. held a valid Virginia driver's license?
3a. If "no", do you have an ID or license from somewhere other than Virginia? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. owned or operated a vehicle?
4a. If yes, has it been registered in Virginia? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you currently on active duty in the military? If no, please skip to Section D
5a. Are you stationed to a permanent duty station in Virginia, Washington, D.C., or any state contiguous to Virginia? (If yes, please attach or mail a copy of orders.)
5b. Does your Leave and Earnings Statement reflect Virginia as your state of residence? (If yes, please attach or mail a copy of a Leave and Earnings statement reflecting Virginia withholding.) | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you a Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Answer this question only if you are a non-resident employed in Virginia.

7. Do you commute from a residence outside of Virginia to a work site in Virginia for full-time employment and pay Virginia non-resident income tax on all taxable income earned in Virginia? (If yes, please attach or mail a letter verifying Virginia employment and a copy of the most recent non-resident Virginia income tax return.) ☐ Yes ☐ No

D SIGNATURE(S)

The applicant must sign below or this application will not be processed. If Section C has been completed, that parent's, spouse's or legal guardian's signature must also appear below.

I/We, the undersigned student and parent who has completed section C, hereby certify that all of the information provided in this application is true and accurate. I/We understand that this application is a legally binding document and that if fraudulent information has been provided, the student may be subject to repayment of tuition and/or dismissal from the university. I/We agree to furnish the university with supporting documentation related to this application in a timely manner. I/We realize that failure to supply additional information may result in a denial of this student's eligibility for in-state rates.

Signature of Applicant

Date

I have read the certification statement above, and affirm my understanding of this statement.

Signature of Parent, Spouse, or Legal Guardian

Date