DOMICILE DETERMINATION FORM

All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

1. Self: I am age 24 or older and want to claim eligibility based on my own domicile.
2. Self: I am under age 24 and want to claim eligibility based on my own domicile for the following reason(s):
   - I am a veteran or active duty member of the U.S. Armed Forces.
   - Both of my parents are deceased and I have no adoptive or legal guardian
   - I have legal dependents other than my spouse.
   - I am financially self-sufficient.
   - I am a ward of the court or was a ward of the court until age 18.
   - I have a bachelor’s degree and I am working on a graduate degree.
   - I am married.

You may be required to supply “clear and convincing evidence” of your status.

3. Spouse: I am age 24 or older and want to claim eligibility for in-state tuition based on my spouse’s domicile.
4. Spouse: I am under age 24 and I want to claim eligibility for in-state tuition based on my spouse’s domicile.
5. Parent: I am under age 24 and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
6. Legal Guardian: I am under age 24 and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.

If you marked box 1 or 2, please complete Section A below.
If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant’s Information

1. Applicant’s Name:_________________________________________
   First                     Middle (Full)                     Last

2. Date of birth: _____________________________________________
   (mm)                  (dd)                       (yy)

2. Are you a U.S. Citizen? ☐ Yes ☐ No
   If “No,” are you a permanent resident? ☐ Yes ☐ No
   If “Yes,” what is your “A number”? __________________________
   If “No,” what is your immigration status? ______________________

3. Are you on active duty in the U.S. Armed Forces? ☐ Yes ☐ No
   If “Yes,” is Virginia listed as the Tax State on your Leave and Earning Statement? ☐ Yes ☐ No

   Date of Entry: ____________________________________________
   mmm/dd/yyyy
   Official Duty Station: _________________________________ State
   Reporting Date: __________________ Duration of Orders: __________
   mmm/dd/yyyy     mmm/dd/yyyy

4. Are you the dependent of an active duty member in the U.S. Armed Forces? ☐ Yes ☐ No
   If “Yes,” is Virginia listed as the Tax State on your Leave and Earning Statement? ☐ Yes ☐ No

   Date of Entry: ____________________________________________
   mmm/dd/yyyy
   Official Duty Station: _________________________________ State
   Reporting Date: __________________ Duration of Orders: __________
   mmm/dd/yyyy     mmm/dd/yyyy

B. Parent, Legal Guardian, or Spouse’s Information

1. Provide the name of the person upon whom you are basing your domicile:

   First                     Middle (Full)                     Last

2. Using the above person’s information, answer the questions below.
   Is the above person a U.S. citizen? ☐ Yes ☐ No
   If “No,” is he/she a permanent resident? ☐ Yes ☐ No
   If “Yes,” what is his/her “A number”? __________________________
   If “No,” what is his/her immigration status? ______________________

3. Is the above person on active duty in the U.S. Armed Forces? ☐ Yes ☐ No
   If “Yes,” is Virginia listed as the Tax State on his/her Leave and Earning Statement? ☐ Yes ☐ No

   Date of Entry: ____________________________________________
   mmm/dd/yyyy
   Official Duty Station: _________________________________ State
   Reporting Date: __________________ Duration of Orders: __________
   mmm/dd/yyyy     mmm/dd/yyyy

4. Is the above person married to an active duty member of the U.S. Armed Forces? ☐ Yes ☐ No
   If “Yes,” is Virginia listed as the Tax State on the Leave and Earning Statement? ☐ Yes ☐ No

   Date of Entry: ____________________________________________
   mmm/dd/yyyy
   Official Duty Station: _________________________________ State
   Reporting Date: __________________ Duration of Orders: __________
   mmm/dd/yyyy     mmm/dd/yyyy

RVSD 6/9/2014
### A. Applicant’s Information

5. Are you retired from the U.S. Armed Forces? □ Yes □ No
   Were you discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: ________________
   Tax State on LES prior to discharge/retirement: __________________
6. Are you the dependent of someone retired from the U.S. Armed Forces? □ Yes □ No
   Are you the dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: ________________
   Tax State on LES prior to discharge/retirement: __________________
7. Have you lived in Virginia for the last 12 months? □ Yes □ No
   If “No,” list address(es) for the last 24 months
   From Date ___________________ To Date ___________________
   Address ____________________________________________
   City State Country
   From Date ___________________ To Date ___________________
   Address ____________________________________________
   City State Country
8. For the last 12 months, which of the following applies to you:
   □ paid Virginia income taxes on all earned income
   □ filed as a resident in another state (list state) __________
   □ filed as a resident in Virginia and as a non-resident in another state (list state) __________
   □ was a resident in a state without income tax (list state) __________
   □ had no taxable income
9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least $14,500 of earned income? □ Yes □ No
   If “Yes,” list state __________
10. For the past 12 months, have you:
    held a Virginia Driver’s license or Virginia DMV ID? □ Yes □ No
    If “No,” has the applicant held a Driver’s license or DMV ID to any other state? □ Yes (List state) __________
    □ No
    owned or operated a motor vehicle registered in Virginia? □ Yes □ No
    If “No,” has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) __________
    □ No
    been registered to vote in Virginia? □ Yes □ No
    If “No,” has the applicant been registered to vote in another state? □ Yes (List state) ____________ □ No

---

### B. Parent, Legal Guardian, or Spouse’s Information

5. Is the above person retired from the U.S. Armed Forces? □ Yes □ No
   Is the above person discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: ________________
   Tax State on LES prior to discharge/retirement: __________________
6. Is the above person a dependent of someone retired from the U.S. Armed Forces? □ Yes □ No
   Is the above person a dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: ________________
   Tax State on LES prior to discharge/retirement: __________________
7. Has the above person lived in Virginia for the last 12 months? □ Yes □ No
   If “No,” list address(es) for the last 24 months
   From Date ___________________ To Date ___________________
   Address ____________________________________________
   City State Country
   From Date ___________________ To Date ___________________
   Address ____________________________________________
   City State Country
8. For the last 12 months, which of the following applies to the above person:
   □ paid Virginia income taxes on all earned income
   □ filed as a resident in another state (list state) __________
   □ filed as a resident in Virginia and as a non-resident in another state (list state) __________
   □ was a resident in a state without income tax (list state) __________
   □ had no taxable income
9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least $14,500 of earned income? □ Yes □ No
   If “Yes,” list state __________
10. For the past 12 months, has the above person:
    held a Virginia Driver’s license or Virginia DMV ID? □ Yes □ No
    If “No,” has the applicant held a Driver’s license or DMV ID to any other state? □ Yes (List state) __________
    □ No
    owned or operated a motor vehicle registered in Virginia? □ Yes □ No
    If “No,” has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) __________
    □ No
    been registered to vote in Virginia? □ Yes □ No
    If “No,” has the applicant been registered to vote in another state? □ Yes (List state) ____________ □ No

---

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant Date

Signature of Parent, Legal Guardian (If under 24 years old), or Spouse Date

RVSD 6/9/2014