DOMICILE DETERMINATION FORM



domicile for the following reason(s):

own domicile.

🛘 1. Self: I am age 24 or older and want to claim eligibility based on my

☐ I am a veteran or active duty member of the U.S. Armed Forces.

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

 \square 2. Self: I am <u>under age 24</u> and want to claim eligibility based on my own

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.

□ 3. Spouse: I am age 24 or older and want to claim eligibility for in-state

☐ 4. Spouse: I am under age 24 and I want to claim eligibility for in-state

☐ 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.

tuition based on my spouse's domicile.

tuition based on my spouse's domicile.

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

 □ 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. 	☐ 6. Legal Guardian: I am <u>under age 24</u> 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	B. Parent, Legal Guardian, or Spouse's Information
1. Applicant's Name: First Middle (Full) Last Date of birth:	Provide the name of the person upon whom you are basing your domicile: First Middle (Full) Last
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?	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. 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: mm/dd/yyyy Official Duty Station: State Reporting Date: mm/dd/yyyy Duration of Orders: mm/dd/yyyy	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: mm/dd/yyyy Official Duty Station: State Reporting Date: mm/dd/yyyy Duration of Orders: mm/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: mm/dd/yyyy Official Duty Station: State Reporting Date: mm/dd/yyyy mm/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? No Date of Entry: mm/dd/yyyy Official Duty Station: State Reporting Date: mm/dd/yyyy Duration of Orders: mm/dd/yyyy

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	. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
5.	Are you retired from the U.S. Armed Forces? ☐ Yes ☐ No	5. Is the above person retired from the U.S. Armed Forces? ☐ Yes ☐ No
	Were you discharged from the U.S. Armed Forces? $\ \square$ Yes $\ \square$ No	Is the above person discharged from the U.S. Armed Forces? ☐ Yes ☐ No
	If "Yes," date of discharge/retirement?	If "Yes," date of discharge/retirement?
	* *****	mm/dd/yyyy
	Tax State on LES prior to discharge/retirement:	Tax State on LES prior to discharge/retirement: Tax State
6.	Are you the dependent of someone retired from the U.S. Armed Forces? ☐ Yes ☐ No	6. Is the above person a 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	Is the above person a dependent of someone discharged from the U.S. Armed Forces? ☐ Yes ☐ No
	If "Yes." date of discharge/retirement?	If "Yes," date of discharge/retirement?
	mm/dd/yyyy	Tax State on LES prior to discharge/retirement:
	Tax State on LES prior to discharge/retirement: Tax State	Tax State
7.	Have you lived in Virginia for the last 12 months? ☐ Yes ☐ No	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	If "No," list address(es) for the last 24 months
	From Date To Date	From Date To Date
	Address	Address
	AddressCity State Country	City State Country
	From Date To Date	From Date To Date
	Address	AddressCity State Country
	City State Country	City State Country
8.	For the last 12 months, which of the following applies to you:	8. For the last 12 months, which of the following applies to the above
	☐ paid Virginia income taxes on all earned income	person:
	☐ filed as a resident in another state (list state)	☐ 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)	☐ filed as a resident in another state (list state)
	☐ was a resident in a state without income tax (list state)	(list state)
	□ had no taxable income	☐ was a resident in a state without income tax (list state)
		☐ had no taxable income
	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	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	If "Yes," list state
10.	For the past 12 months, have you:	10. For the past 12 months, has the above person:
	held a Virginia Driver's license or Virginia DMV ID? ☐ Yes ☐ No	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	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? \Box Yes \Box 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	If "No," has the applicant owned or operated a motor vehicle registered in any other state? ☐ Yes (List state) ☐ No
E44 P+P+1 V4+1	been registered to vote in Virginia? ☐ Yes ☐ No	been registered to vote in Virginia? ☐ Yes ☐ No
	If "No," has the applicant been registered to vote in another state?	If "No," has the applicant been registered to vote in another state?
	☐ Yes (List state) ☐ No	☐ Yes (List state) ☐ No
fees : actio	for each term attended and may be subject to dismissal. Random audits c	nt of out-of-state tuition and fees, you will be charged out-of-state tuition and of this information will be performed. I certify under penalty of disciplinary he college with supporting documentation related to my application, if I am
Signa	sture of Applicant Date S	ignature of Parent, Legal Guardian (If under 24 years old), or Spouse Date

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