

RESIDENCY QUESTIONNAIRE

Before completing this questionnaire, please read this pamphlet in its entirety and pay careful attention to the questionnaire instructions.

Please check the appropriate box or supply the requested information.

1. Check the appropriate box:
 - a. This is a request for initial residency classification.
 - b. This is a request for a reclassification.

If you are requesting in-state status, it is necessary for you to complete the remainder of this form. Failure to complete the form or failure to supply supporting documentation may result in your classification as out-of-state. Incorrect or false responses may subject you to retroactive reclassification and/or criminal penalties under Montana law.

2. Please supply the required information.

Name _____ Birthdate _____ Age _____

Local Mailing Address _____ Phone _____

Permanent Mailing Address _____ Phone _____

University Unit or Program _____

Semester/Academic Year for which
in-state status is sought _____

Student ID No. (if any) _____

E-mail Address: _____

3. Check the appropriate box. In order to check "yes", all items in the statement must apply to you:

- a. yes no I am a member of the armed forces of the United States assigned to active duty in Montana.
- b. yes no I am the spouse or dependent child of an individual who is a member of the armed forces of the United States assigned to active duty in Montana.
- c. yes no I am domiciled in Montana and employed full-time in a permanent job in Montana and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.
- d. yes no I am the spouse or dependent child of an individual who is domiciled in Montana and employed full-time in a permanent job in Montana and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.

- e. yes no I am or will be a graduate of a Montana high school, I have or will be registering at a unit of the Montana University System no later than the second fall term following my high school graduation and (a) I attended the Montana high school for my entire senior year, or (b) my parent is employed and resides in Yellowstone National Park.

4. Please supply the required information.

a. High School Attended _____ Graduation Date _____
(Name) (Location)

b. Military Service (if any) _____
(Branch) (Separation Date)

c. If you answered yes to statement 3c or 3d, please give the following information and submit the Employer's Affidavit:

Full-time, permanent employer _____
(Name) (Location)

Date of employment _____

Date of offer of employment _____

d. State of residency for father _____

State of residency for mother _____

State of residency for legal guardian, other than father or mother _____

e. Has your parent or legal guardian claimed you as a federal income tax exemption?
 yes no. If yes, which most recent year? _____

f. Will your parent or legal guardian claim you as a federal income tax exemption for the current tax year? yes no

g. Do you receive 50% or more of your current financial support from your parent or legal guardian? yes no

h. Have you filed a federal individual income tax return? yes no. If yes, which most recent year? _____

i. Will you file a federal individual income tax return for the current tax year? yes no?

j. Have you filed a state individual income tax return? yes no. If yes, which most recent year? _____ In what state? _____, and as a part-year resident or full-year resident? _____

k. Will you file a state individual income tax return for the current tax year? yes no. If yes, in what state? _____, and as a part-year resident or full-year resident? _____

l. Do you own a home in Montana? yes no. If yes, what is the location? _____

m. Do you own a home in any other state? yes no.

If yes, what is the location? _____

n. Have you been admitted to a licensed practicing profession in Montana? yes no.
If yes, what is the name of the profession and the date of admittance? _____

o. Do you possess a driver's license? yes no. If yes, from what state and when was the license issued? State _____ Date _____ Renewal Date _____

p. Do you own or operate a motor vehicle in Montana? yes no. If yes, is this vehicle licensed and registered in Montana and what is the date of registration? _____

q. Are you a registered voter? yes no. If yes, in what state and what was the date of registration? State _____ Date _____

r. Are you a citizen of a country other than the United States? yes no.

s. Are you or will you be present in the United States under a student visa issued under the federal immigration laws? yes no.

t. Do you maintain checking or savings accounts? yes no. If yes, in what state or states are these accounts maintained? _____

u. Do you own real property in Montana? yes no. If yes, what is the location(s)?

v. Do you possess resident hunting or fishing licenses? yes no. If yes, from what state and with what date of issue? State _____ Date _____

5. Please supply the required information.

a. What is the beginning date of the 12-month period upon which you base your claim of residency? _____

b. What is the act that you took to begin this period? _____

c. During the 12-month period identified above, were you absent from the State of Montana for more than a total of 30 days? yes no. If yes, please explain the details of this absence. _____

6. Please complete the table below. Starting with the date identified in 5a above (the beginning date of your 12-month residency period) through the current time, identify your physical presence in blocks of time. Be sure to also include any periods that you were absent from Montana in excess of 21 days. Attach an additional sheet if necessary.

<u>Dates</u>		Place of Abode	<u>Employment</u>		School Attended
From	To		Firm	Location	

7. Please list all institutions attended and credits taken during the last 12 months.

<u>Dates</u>		Institution Attended	Credits Taken
From	To		

8. Please indicate on the chart below the approximate amount of support that you have received during the 12 months preceding the date of this form:

From Father	\$ _____
From Mother	\$ _____
From Legal Guardian.....	\$ _____
From Spouse	\$ _____
From Scholarship and Grants (List).....	\$ _____
.....	\$ _____
.....	\$ _____
From Loans made to you for.....	\$ _____
your financial support.....	\$ _____
.....	\$ _____
From State Agencies (List)	\$ _____
(Example: Vocational Rehab).....	\$ _____
.....	\$ _____
Self (Earnings)	\$ _____
Self (Savings)	\$ _____
Other (List)	\$ _____
.....	\$ _____
.....	\$ _____

9. Please describe any other factors that you believe may be relevant in determining your residency status. If you need more space, feel free to use additional paper.

I have received and reviewed the Student Guide to Montana's Residency policy and understand the requirements for eligibility for in-state status.

I hereby give permission to University System personnel reviewing this questionnaire to contact private and public individuals, companies, and agencies, including local and state taxing, election, and motor vehicle authorities, to verify the accuracy of my responses.

I hereby certify that to the best of my knowledge the foregoing responses are true and complete without evasion or misrepresentation.

I understand that if any of my responses are determined to be incorrect or false, I may be subject to retroactive reclassification to the date this questionnaire is signed.

Date

Signature

TAX EXEMPTION AFFIDAVIT

I (We) hereby certify that _____
 was, was not taken as a tax exemption on my (our) most recently filed federal tax return for the
tax year _____, to be filed _____, will, will not be taken as a tax exemption
on my (our) federal tax return for the current tax year, _____, to be filed _____.

Name

Name

Date

Notary Public for the State of _____
Residing at _____
My commission expires _____

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EMPLOYMENT AFFIDAVIT (4c or 4d)

I hereby certify that _____ is employed
by _____, located at _____
in a full-time permanent (year-round) job. This employment was applied for on
_____,
was offered on _____, and actually began on _____.

Name

Title

Date

Phone Number

Notary Public for the State of _____
Residing at _____
My commission expires _____