

## Domiciliary Reclassification Application Form

**DOMICILE AFFIDAVIT** To become eligible for in-state tuition, a student shall establish by clear and convincing evidence that for a period of at least one year immediately prior to the first day of classes, he or she was domiciled in Virginia and has abandoned any previous domicile, or that the person on whom the student is legally and financially dependent was domiciled in Virginia. This form must be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23.7-4, code of Virginia. All questions must be answered. Where not applicable answer N/A.

**SECTION A: APPLICANT**

SIS ID \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_ Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Month Day Year
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. How long have you lived in Virginia? \_\_\_\_\_ years, \_\_\_\_\_ months
4. Where have you lived **the last two years?** List current address first:  
 From (mm/yr) To (mm/yr) Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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5.  Yes  No Do your parents/legal guardian provide over half of your financial support or claim you as a tax dependent?  
**If no, go to #6. If yes, sign section E and have your parent/ legal guardian complete sections D & E**
6.  Yes  No Do you wish to claim in-state tuition rates based on your Virginia domiciliary residency status?  
 If no, where will you retain legal domicile ? \_\_\_\_\_  
State Country  
**If yes, continue to SECTION B. If no, go to #7**
7.  Yes  No Do you wish to claim in-state tuition based on your spouse's domiciliary status?  
**If no, sign SECTION E. If yes, sign Section E & have your SPOUSE complete sections D & E**

**SECTION B: STUDENT STATUS**

1.  Yes  No Will you be age 24 or older before the first day of classes?
2.  Yes  No Are you a veteran of the U.S. Armed Forces?
3.  Yes  No Will you be enrolled in a graduate or professional program (beyond a Bachelor's degree)?
4.  Yes  No Are married or have you been married?
5.  Yes  No Are you an orphan or a ward of the court, or were you a ward of the court until age 18?
6.  Yes  No Do you have legal dependents (other than spouse)?
7.  Yes  No Are you on active duty with the military?
8.  Yes  No Have you been financially self sufficient for one year prior to the term in which you will enroll?  
 If yes, you may be required to furnish "clear and convincing" evidence.

**If you answered yes to any question in SECTION B, please complete SECTIONS C & E. If you answered no to every question, please sign SECTION E and have your parent or legal guardian complete SECTIONS D & E.**

**SECTION C: DOMICILE**

1. Are you on active duty in the U.S. Armed Forces? \_\_\_Yes \_\_\_No; If "Yes," does the current Leave and Earning Statement reflect Virginia withholdings (taxes)? \_\_\_Yes \_\_\_No  
 Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
  2. Are you the dependent of an active duty member in the U.S. Armed Forces? \_\_\_Yes \_\_\_No; If "Yes," does the current Leave and Earning Statement reflect Virginia withholdings (taxes)? \_\_\_Yes \_\_\_No  
 Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
  3. Are you retired or discharged from the U.S. Armed Forces? \_\_\_Yes \_\_\_No If "Yes," date of discharge/retirement? \_\_\_\_\_  
mm/dd/yyyy
  4. Are you the dependent of someone retired or discharged from the U.S. Armed Forces? \_\_\_Yes \_\_\_No  
 If "Yes," date of discharge/retirement? \_\_\_\_\_  
mm/dd/yyyy
  5. For the last year, did you (select only one):  
 file Virginia income taxes on all earned income  was a resident in a state without income tax  
 file as a resident in another state  had no taxable income  
 file as a resident in Virginia and as a non-resident in another state
- For the last year, did you:
6.  Yes  No hold a valid Virginia Driver's license? Date issued: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  7.  Yes  No have a Virginia DMV ID card? Date issued: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  - Yes  No hold a driver's license from another state? If yes, what state? \_\_\_\_\_
  8.  Yes  No own or operate a motor vehicle registered in Virginia? Virginia registration date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  - Yes  No own or operate a motor vehicle registered in another state? If yes, what state? \_\_\_\_\_
  9.  Yes  No been registered to vote in Virginia? Virginia registration date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  - Yes  No been a registered voter in another state? If yes, what state? \_\_\_\_\_

10. Answer this question only if you have worked in Virginia but lived outside Virginia during the past 12 months.

Yes  No Will you have lived outside Virginia, earned at least the equivalent of a full time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which the applicant will enroll?

**Please continue to SECTION E**

**SECTION D: PARENT, LEGAL GUARDIAN OR SPOUSE**

1. Name of Parent/Legal Guardian or Spouse: \_\_\_\_\_

Relationship to Applicant:  Parent  Spouse  Legal guardian (If legal guardian, must provide copy of court order.)

3. 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? \_\_\_\_\_

4. How long have you lived in Virginia? \_\_\_\_\_ years, \_\_\_\_\_ months

5. Where have you lived the last two years? List current address first:  
From (mm/yr) To (mm/yr) Street Address City State Zip

6. Are you on active duty in the U.S. Armed Forces?  Yes  No; If "Yes," does the current Leave and Earning Statement reflect Virginia withholdings (taxes)?  Yes  No

Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy

7. Are you the dependent of an active duty member in the U.S. Armed Forces?  Yes  No; If "Yes," does the current Leave and Earning Statement reflect Virginia withholdings (taxes)?  Yes  No

Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy

8. Are you retired or discharged from the U.S. Armed Forces?  Yes  No If "Yes," date of discharge/retirement? \_\_\_\_\_  
mm/dd/yyyy

9. Are you the dependent of someone retired or discharged from the U.S. Armed Forces?  Yes  No  
If "Yes," date of discharge/retirement? \_\_\_\_\_  
mm/dd/yyyy

10.  Yes  No Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the twelve months prior to the term in which the applicant will enroll?

11.  Yes  No Will you have provided over half of the applicants financial support for the entire 12 months prior to the term in which the applicant will enroll?

12. For the last year, did you (select only one):

- file Virginia income taxes on all earned income  was a resident in a state without income tax
- file as a resident in another state  had no taxable income
- file as a resident in Virginia and as a non-resident in another state

For the last year, did you:

13.  Yes  No hold a valid Virginia Driver's license? Date issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

14.  Yes  No have a Virginia DMV ID card? Date issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No hold a driver's license from another state? If yes, what state? \_\_\_\_\_

15.  Yes  No own or operate a motor vehicle registered in Virginia? Virginia registration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No own or operate a motor vehicle registered in another state? If yes, what state? \_\_\_\_\_

16.  Yes  No been registered to vote in Virginia? Virginia registration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No been a registered voter in another state? If yes, what state? \_\_\_\_\_

17. Answer this question only if you have lived outside Virginia but work inside Virginia.

- Yes  No a. Will you have lived outside Virginia, earned at least the equivalent of a full time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which the applicant will enroll?
- Yes  No b. If the answer to 17 is yes, will the parent employed in Virginia have claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant will enroll?

**Please complete SECTION E**

**SECTION E: SIGNATURES**

The applicant must sign below or this application will not be processed. If SECTION D has been completed by a parent, legal guardian, or spouse, that individual must also sign below.

**I certify under penalty of disciplinary action that the information I have provided is true. I agree to furnish the college with supporting documentation related to my application, if requested to do so. I understand my domicile decision may be appealed.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**I certify that the information I have provided is true.**

Signature of Parent, Legal Guardian, or Spouse \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved  Disapproved Signature \_\_\_\_\_ Date \_\_\_\_\_