

DEPENDENT PERSONS COMPLETE ITEMS 9–18 and sign at the bottom of this form. Dependent persons are persons who will not provide more than half of their own support the 12 months prior to their enrollment or reenrollment, and they will be claimed as dependents or exemptions on someone else's federal income tax return the year of their enrollment or reenrollment. Dependent persons are also persons who are under the legal custody of a parent or legal guardian.

9 Name of person who will provide more than half of your support the 12 months prior to your enrollment or reenrollment and will claim you as a dependent or exemption on his or her federal income tax return the year of your enrollment or reenrollment, or name of person who has legal custody of you:

Name _____ Relationship _____

If legal custody granted, give date legal custody was granted _____

10 Citizenship of person in Item #9 (check only one)

- a. U.S. citizen b. Not U.S. citizen, but permanent resident of U.S. **Date permanent resident status granted** _____
 c. Other; give visa type _____

Note: If person is not a U.S. citizen, attach photocopy of official document verifying the person's immigrant status.

11 Addresses where person named in Item #9 has physically resided for the past two years (include current address):

_____ street _____ city _____ state _____ zip _____ from (mo/yr) _____ to (mo/yr) _____

_____ street _____ city _____ state _____ zip _____ from (mo/yr) _____ to (mo/yr) _____

12 Employment for the past two years of person named in item #9: **(If unemployed the past two years, list last employer.)**

_____ employer _____ city/state/zip _____ full-time or part-time _____ from (mo/yr) _____ to (mo/yr) _____

_____ employer _____ city/state/zip _____ full-time or part-time _____ from (mo/yr) _____ to (mo/yr) _____

13 Does the person in Item #9 have a driver's license? yes no If yes, from what state? _____ Driver's license number _____

Current date of issue of driver's license _____ month _____ day _____ year _____ When did the person first obtain this license? _____ month _____ day _____ year _____

14 Does the person in Item #9 have a motor vehicle registered in his or her name? yes no If yes, in what state is the vehicle registered? _____

Current date of issue of vehicle registration certificate _____ month _____ day _____ year _____ Date vehicle purchased _____ month _____ day _____ year _____

Date the person first registered the vehicle in South Carolina _____ month _____ day _____ year _____

15 Is the person in Item #9 a registered voter? yes no If yes, in what state is the person a registered voter? _____

Current date of voter registration certificate _____ month _____ day _____ year _____

16 Did the person in Item #9 file a South Carolina income tax return for the last tax year? yes no
 If so, under what status did he or she file the return? full-year resident part-year resident nonresident

17 Did or will the person in Item #9 claim you as a dependent or exemption (filing jointly) on his or her last year's federal income tax return? yes no

18 Will the person in Item #9 claim you as a dependent or exemption on his or her federal tax return the year you expect to begin classes? yes no

If not, you also need to complete items 1–8 on the front of this form.

19 I certify that the information I have provided is true and accurate. I understand that additional information may be requested if further clarification is needed.

Signature _____ Date _____

Daytime Phone Number (Area Code) _____ (Number) _____

Mail Residency Certification Form to:

University of South Carolina
 Legal Residency Office
 102 Petigru
 Columbia, SC 29208
 Phone: 803-777-4060

OR

Fax both sides to:
 803-777-3977
 (Do not mail if you fax form.)

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