

## South Carolina Residency Certification Form for Dependent Students

### STUDENT INFORMATION:

1. \_\_\_\_\_  
Last Name First Name Middle Name Date of Birth (Month/Day/Year)
2. Daytime Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_
3. Are you a legal resident of South Carolina?  Yes  No  
(No person is eligible for in-state status unless he/she is domiciled within South Carolina. A person does not acquire a domicile in South Carolina until he/she has been a resident of the state for twelve consecutive month's immediately preceding registration for the term for which in-state status is claimed or meets state requirements for domicile. Information on South Carolina requirements may be obtained by contacting the Admissions Office at (803) 313-7073.)

### PARENT OR GUARDIAN INFORMATION:

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(List only one person)

If legal custody granted, give date legal custody was granted \_\_\_\_\_

5. Citizenship of person in item #4 (check only one)  
 US Citizen  Not a U.S. Citizen, but permanent resident of U.S. **Date permanent resident status granted** \_\_\_\_\_  
 Other; give visa type \_\_\_\_\_

**Note: If person is not a U.S. citizen, attach a photocopy of official document verifying the person's immigrant status. (Examples: Permanent Resident Card (front and back), Employment Authorization Card (front and back), Visa, Passport, etc.)**

6. Addresses where person named in Item #4 has physically resided for at least the past two years:

|              |            |             |           |                    |                  |
|--------------|------------|-------------|-----------|--------------------|------------------|
| Street _____ | City _____ | State _____ | Zip _____ | From (mo/yr) _____ | To (mo/yr) _____ |
| Street _____ | City _____ | State _____ | Zip _____ | From (mo/yr) _____ | To (mo/yr) _____ |

7. Employment for at least the past two years of person named in item #4: (If unemployed the past two years, list dates of unemployment as well as 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) _____ |

8. Does the person in Item #4 have a driver's license?  Yes  No If Yes, from what state? \_\_\_\_\_ Driver's license number \_\_\_\_\_  
Current date of issue: \_\_\_\_\_ Is this license a:  New issue  Renewal  
Month Day Year

9. Does the person in Item #4 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 \_\_\_\_\_ Is this registration certificate a:  New issue  Renewal  
Month Day Year

10. Did the person in Item #4 file an S.C. income tax return for the last tax year?  Yes  No If No, list reason why: \_\_\_\_\_

11. If Yes, under what status did the person in Item #4 file the return?  Full-year resident  Part-year resident  Nonresident

12. Did or will the person in Item #4 claim you as a dependent or exemption (filing jointly) on his or her last year's federal income tax return?  Yes  No  
If Yes, what year did they last file? \_\_\_\_\_ If No, list reason why: \_\_\_\_\_

13. Will the person in Item #4 claim you as a dependent or exemption on his or her federal tax return the year you expect to begin classes?  Yes  No

14. 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

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** This form must be completed **in its entirety** in order to receive South Carolina Lottery Tuition Assistance. To be eligible to receive Lottery Tuition Assistance you must: be taking at least 6 hours of college credit, be a South Carolina resident, and be a U.S. Citizen or eligible Non-Citizen.

|  |
|--|
| Office Use Only:                                     |
| <input type="checkbox"/> Resident _____              |
| <input type="checkbox"/> Non-Resident _____          |
| <input type="checkbox"/> Needs Additional Info _____ |
| Residency Officer: _____                             |