

USC Salkehatchie South Carolina Residency Certification Form

legal last name legal first name legal middle name suffix

Applicant's Social Security number: _____ **Date of birth** _____ **Term you expect to begin classes** _____

Citizenship (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 you are not a U.S. citizen, attach photocopy of official document verifying your immigrant status.

INDEPENDENT PERSONS COMPLETE ITEMS 1-8 and sign back of form. Independent persons are persons who will provide more than half of their own support the 12 months immediately preceding the year of their enrollment or re-enrollment, and they will not be claimed as dependents or exemptions on anyone's federal income tax return the year of their enrollment or re-enrollment.

1 Addresses where you have 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)

2 Employment for the past two years: (If you have been unemployed the past two years, list your last employer).

Employer City, State, Zip full-time or part-time from (m/yr) to (mo/yr)

Employer City, State, Zip full-time or part-time from (m/yr) to (mo/yr)

3 If you have been unemployed or employed part-time during the past 12 months, list the sources of the majority of your support for the past 12 months:

If the majority of your support has been from someone else during this time, complete items 9-18 on this form.

4 Do you 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 you first obtain this license? _____ month _____ day _____ year

5 Do you have a motor vehicle registered in your 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 you first registered the vehicle in South Carolina _____ month _____ day _____ year

6 Are you a registered voter? ☐ yes ☐ no If yes, in what state are you a registered voter? _____

7 Did you file a S.C. income tax return for the last tax year? ☐ yes ☐ no
If so, under what status did you file the return? ☐ full-year resident ☐ part-year resident ☐ nonresident

8 To be completed if you are under 25 years of age

City and state where parents reside: Mother _____ Father _____

What year did your parents last claim you as a dependent on their federal income tax return? _____

Will your parents claim you as a dependent on their federal income tax return the year you plan to begin classes? ☐ yes ☐ no

The University is required by state law to determine residency of applicants and students for purposes of receiving in-state tuition and fees. All applicants who claim S.C. residency for these purposes must complete all applicable parts of this form. Incomplete forms will be returned to applicants. Students who do not return this form will be considered non-resident and assessed out-of-state fees. If you have any questions, please contact **Carmen Brown** at USC Salkehatchie, (803) 584-3446 or cdbrown@mailbox.sc.edu

(for official use only)

Res _____

Non-Res _____

Date _____

R.O. _____

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 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 _____

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 (m/yr) _____ to (mo/yr) _____

Employer _____ City, State, Zip _____ full-time or part-time _____ from (m/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 S.C. 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 or Fax to:

University of South Carolina
Salkehatchie
PO Box 617
Allendale, SC 29810
Phone: 803-584-3446
Fax: 803-584-3884

OR

Drop by the Admissions Office
in Allendale or Main Office in
Walterboro.