DOMICILE DETERMINATION FORM

All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

1. Self: I am **age 24 or older** and want to claim eligibility based on my own domicile.

2. Self: I am **under age 24** and want to claim eligibility based on my own domicile for the following reason(s):
   - I am a veteran or active duty member of the U.S. Armed Forces.
   - Both of my parents are deceased and I have no adoptive or legal guardian.
   - I have legal dependents other than my spouse.
   - I am financially self-sufficient.
   - I am a ward of the court or was a ward of the court until age 18.
   - I have a bachelor’s degree and I am working on a graduate degree.
   - I am married.

You may be required to supply “clear and convincing evidence” of your status.

<table>
<thead>
<tr>
<th>A. Applicant’s Information</th>
<th>B. Parent, Legal Guardian, or Spouse’s Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicant’s Name: ___________________________________________</td>
<td>1. Provide the name of the person upon whom you are basing your domicile: ___________________________________________</td>
</tr>
<tr>
<td>Date of birth: ___________________________ (mm) (dd) (yy)</td>
<td>First Middle (Full) Last</td>
</tr>
<tr>
<td>2. Are you a U.S. Citizen? □ Yes □ No</td>
<td>2. Using the above person’s information, answer the questions below.</td>
</tr>
<tr>
<td>If &quot;No,&quot; are you a permanent resident? □ Yes □ No</td>
<td>Is the above person a U.S. citizen? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; what is your “A number”? __________________________</td>
<td>If &quot;No,&quot; is he/she a permanent resident? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;No,&quot; what is your immigration status? ______________________</td>
<td></td>
</tr>
<tr>
<td>3. Are you on active duty in the U.S. Armed Forces? □ Yes □ No</td>
<td>3. Is the above person on active duty in the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; is Virginia listed as the Tax State on your Leave and Earning Statement? □ Yes □ No</td>
<td>If &quot;Yes,&quot; is Virginia listed as the Tax State on his/her Leave and Earning Statement? □ Yes □ No</td>
</tr>
<tr>
<td>Date of Entry: ___________________________ mm/dd/yyyy</td>
<td>Date of Entry: ___________________________ mm/dd/yyyy</td>
</tr>
<tr>
<td>Official Duty Station: ___________________________ State</td>
<td>Official Duty Station: ___________________________ State</td>
</tr>
<tr>
<td>Reporting Date: ___________________________ Duration of Orders: ___________________________ mm/dd/yyyy</td>
<td>Reporting Date: ___________________________ Duration of Orders: ___________________________ mm/dd/yyyy</td>
</tr>
<tr>
<td>4. Are you the dependent of an active duty member in the U.S. Armed Forces? □ Yes □ No</td>
<td>4. Is the above person married to an active duty member of the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; is Virginia listed as the Tax State on your Leave and Earning Statement? □ Yes □ No</td>
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</tbody>
</table>

RVSD 6/10/2013
### A. Applicant’s Information

5. Are you retired from the U.S. Armed Forces? □ Yes □ No
   Were you discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: _______________ mm/dd/yyyy
   Tax State on LES prior to discharge/retirement: ____________________________ Tax State

6. Are you the dependent of someone retired from the U.S. Armed Forces? □ Yes □ No
   Are you the dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: _______________ mm/dd/yyyy
   Tax State on LES prior to discharge/retirement: ____________________________ Tax State

7. Have you lived in Virginia for the last 12 months? □ Yes □ No
   If “No,” list address(es) for the last 24 months
   From Date _________________ To Date _____________________
   Address ________________________________________________
   City State Country
   From Date _________________ To Date _____________________
   Address ________________________________________________
   City State Country

8. For the last 12 months, which of the following applies to you:
   □ paid Virginia income taxes on all earned income
   □ filed as a resident in another state (list state) __________
   (list state)
   □ was a resident in a state without income tax (list state) __________
   □ had no taxable income

9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least $14,500 of earned income? □ Yes □ No
   If “Yes,” list state ____________________________________________

10. For the past 12 months, have you:
    held a Virginia Driver’s license or Virginia DMV ID? □ Yes □ No
    If “No,” has the applicant held a Driver’s license or DMV ID to any other state? □ Yes (List state) □ No
    owned or operated a motor vehicle registered in Virginia? □ Yes □ No
    If “No,” has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) □ No
    been registered to vote in Virginia? □ Yes □ No
    If “No,” has the applicant been registered to vote in another state? □ Yes (List state) □ No

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### B. Parent, Legal Guardian, or Spouse’s Information

5. Is the above person retired from the U.S. Armed Forces? □ Yes □ No
   Is the above person discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: _______________ mm/dd/yyyy
   Tax State on LES prior to discharge/retirement: ____________________________ Tax State

6. Is the above person a dependent of someone retired from the U.S. Armed Forces? □ Yes □ No
   Is the above person a dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No
   If “Yes,” date of discharge/retirement: _______________ mm/dd/yyyy
   Tax State on LES prior to discharge/retirement: ____________________________ Tax State

7. Has the above person lived in Virginia for the last 12 months? □ Yes □ No
   If “No,” list address(es) for the last 24 months
   From Date _________________ To Date _____________________
   Address ________________________________________________
   City State Country
   From Date _________________ To Date _____________________
   Address ________________________________________________
   City State Country

8. For the last 12 months, which of the following applies to the above person:
   □ paid Virginia income taxes on all earned income
   □ filed as a resident in another state (list state) __________
   (list state)
   □ was a resident in a state without income tax (list state) __________
   □ had no taxable income

9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least $14,500 of earned income? □ Yes □ No
   If “Yes,” list state ____________________________________________

10. For the past 12 months, has the above person:
    held a Virginia Driver’s license or Virginia DMV ID? □ Yes □ No
    If “No,” has the applicant held a Driver’s license or DMV ID to any other state? □ Yes (List state) □ No
    owned or operated a motor vehicle registered in Virginia? □ Yes □ No
    If “No,” has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) □ No
    been registered to vote in Virginia? □ Yes □ No
    If “No,” has the applicant been registered to vote in another state? □ Yes (List state) □ No

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Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

_________________________ ________________________
Signature of Applicant Date

_________________________ ________________________
Signature of Parent, Legal Guardian (if under 24 years old), or Spouse Date