

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

- ☐ **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.
- ☐ **3. Spouse:** I am age 24 or older and want to claim eligibility for in-state tuition based on my spouse's domicile.
- ☐ **4. Spouse:** I am under age 24 and I want to claim eligibility for in-state tuition based on my spouse's domicile.
- ☐ **5. Parent:** I am under age 24 and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
- ☐ **6. Legal Guardian:** I am under age 24 and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

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

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> 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</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> 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</p>
<p>8. For the last 12 months, which of the following applies to you: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>
<p>10. For the past 12 months, have you: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

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 _____