

INSTRUCTIONS FOR COMPLETING RESIDENCY QUESTIONNAIRE

You should complete the questionnaire as requested. If a particular item is not applicable to your particular situation, mark the item N/A. Attach to the questionnaire all items that serve to document your responses (e.g., copies of your driver's license showing the date of issue). If you do not document your responses, you may be classified out-of-state as a result of lack of proof. Because the policy contains a time element, it is important that your documentation clearly show the date when an action was taken. Again, if you have questions concerning documentation, you may contact the appropriate unit of the System for guidance.

The following is a section by section analysis of the residency questionnaire:

1. If you have never been classified as in-state or out-of-state by the unit which you wish to attend, check 1a. If you have been classified by the unit and are requesting a reclassification, check 1b. A student transferring from one unit of the system to another should check 1a.
2. The responses called for in this item should be self-evident.
3. Read each of the statements carefully and check yes only if the entire statement is true with respect to you, and check no if the statement is not completely true with respect to you. A yes response to any of these statements may mean you are eligible for in-state status under one of the exceptions in the Regents' policy. If you check yes to a statement, you should submit documentation to support your claim. An Employer's Affidavit is included in this guide.
4. This item contains numerous questions relating to your eligibility for in-state status based on residency. Even if you are eligible for in-state status based on an exception, it will be to your advantage if you also can receive in-state status based on residency, and consequently, you should provide responses to all items in 4.
 - 4d** — you should indicate in what state your father and your mother make their home. If you do not have a legal guardian other than your parents, simply mark N/A in the space next to legal guardian.
 - 4f** — if you will not be claimed as an exemption in the current year, but you were claimed as an exemption in the prior tax year, you should submit an affidavit from your parent or legal guardian that you will not be claimed as an exemption. An affidavit is included in this guide. You may be required to submit proof of this at a later date.
 - 4o** — if you possess a current Montana driver's license and this license is a renewal of an earlier license, you should indicate this fact.
5. In-state status based on residency requires either a 12-month or 24-month period of residency (24 months for purposes of application to the professional student exchange programs; 12 months for all other purposes) prior to gaining such status, and this period does not begin to run until some act indicative of an intent to establish residency is taken. Items 5a and 5b request you to supply the beginning date and the act that started your establishment period running. If the act you specify is determined to be insufficient to start the period running, your questionnaire will still be reviewed to see if you meet in-state requirements. If, during the applicable residency period, you were absent from Montana for more than a total of 30 days, answer yes to item 5c and explain the reasons for such absence.
6. Fill out the table carefully starting with the date identified in 5a (the beginning date of your initial 12-month, or initial 24-month residency period as applicable) up through the current time. If insufficient space is provided, prepare and attach a supplementary table. Place of abode means the physical site where you were living, city and state is sufficient. If you were absent from Montana for any period longer than 21 days, you should show the absence in the table.
7. The responses called for in this item should be self-evident.
8. This item requires you to estimate the sources of your support for either the 12 months or 24 months (24 months for purposes of application to the professional student exchange programs; 12 months for all other purposes) prior to the date on which you sign and date this questionnaire. You must show and list all sources of income, including student loans, other federally insured loans, and scholarships. You may be required to document your responses.
9. This item permits you to provide any additional information you feel should be considered in determining your residency status. If you need more space, attach additional sheets of paper as necessary.

Read and understand the statements immediately above the signature and date line. In particular, note that you are giving permission to the personnel who review your questionnaire to contact various sources, including taxing authorities, to verify your responses. Sign and date the questionnaire and submit it to the appropriate office. Your questionnaire will not be processed and you will not be eligible for in-state status if you fail to sign and date the questionnaire. A questionnaire is not considered to be received until it is signed and dated.

RESIDENCY QUESTIONNAIRE

Before completing this questionnaire, please read this pamphlet in its entirety and pay careful attention to the questionnaire instructions.

Please check the appropriate box or supply the requested information.

1. Check the appropriate box:
 - a. This is a request for initial residency classification.
 - b. This is a request for a reclassification.

If you are requesting in-state status, it is necessary for you to complete the remainder of this form. Failure to complete the form or failure to supply supporting documentation may result in your classification as out-of-state. Incorrect or false responses may subject you to retroactive reclassification and/or criminal penalties under Montana law.

2. Please supply the required information.

Name _____ Birthdate _____ Age _____

Local Mailing Address _____ Phone _____

Permanent Mailing Address _____ Phone _____

University Unit or Program _____

Semester/Academic Year for which
in-state status is sought _____

Student ID No. (if any) _____

E-mail Address: _____

3. Check the appropriate box. In order to check yes, all items in the statement must apply to you:
 - a. yes no I am a member of the armed forces of the United States assigned to active duty in Montana.
 - b. yes no I am the spouse or dependent child of an individual who is a member of the armed forces of the United States assigned to active duty in Montana.
 - c. yes no I am domiciled in Montana and employed full-time in a permanent job in Montana and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.
 - d. yes no I am the spouse or dependent child of an individual who is domiciled in Montana and employed full-time in a permanent job in Montana and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.
 - e. yes no I am or will be a graduate of a Montana high school, I have or will be registering at a unit of the Montana University System no later than the second fall term following my high school graduation and (a) I attended the Montana high school for my entire senior year, or (b) my parent is employed and resides in Yellowstone National Park.

f. yes no I am an individual, living in Montana, who is a "covered individual" under Section 702 of the Veterans Access, Choice and Accountability Act of 2014 (38 U.S.C. § 3679(c)).

4. Please supply the required information.

a. High School Attended _____ Graduation Date _____
(Name, Location)

b. Military Service (if any) _____
(Branch, Separation Date)

c. If you answered yes to statement 3c or 3d, please give the following information and submit the Employer's Affidavit:

Full-time, permanent employer _____
(Name, Location)

Date of employment began _____

Date of offer of employment _____

d. State of residency for father _____

State of residency for mother _____

State of residency for legal guardian, other than father or mother if applicable _____

e. Has your parent or legal guardian claimed you as a federal income tax exemption? yes no
 If yes, which most recent year? _____
(Required)

f. Will your parent or legal guardian claim you as a federal income tax exemption for the current tax year?
 yes no

g. Do you receive 50% or more of your current financial support from your parent or legal guardian?
 yes no

h. Have you filed a federal income tax return? yes no
 If yes, which most recent year? _____

i. Will you file a federal income tax return for the current tax year? yes no
 If no, please explain _____

j. Have you filed a state income tax return? yes no
 If yes, which most recent year? _____
 In what state? _____
 As a part-year resident or full-year resident? _____
 If no, please explain reason you were exempt from filing: _____

k. Will you file a state income tax return for the current tax year? yes no
 If yes, in what state? _____
 As a part-year resident or full-year resident? _____
 If no, please explain reason you were exempt from filing: _____

l. Do you own a home in Montana? yes no
 If yes, what is the location and physical address of the home? _____

m. Do you own a home in any other state? yes no
 If yes, what is the location and physical address of the home? _____

n. Have you been admitted to a licensed practicing profession in Montana? yes no
 If yes, what is the name of the profession and the date of admittance? _____

- o. Do you possess a driver's license or state ID? yes no.
 If yes, from what state and when was the license or state ID originally issued?
 State _____ Original Issue Date _____ Current Issue Date _____

- p. Do you own or operate a motor vehicle in Montana? yes no
 If yes, is this vehicle licensed and registered in Montana? _____
 Original date of registration in MT: _____ Current date of registration in MT: _____
 If you operate a vehicle in Montana which is not registered in the state of Montana, please explain: _____

- q. Are you a registered voter? yes no
 If yes, in what state? _____
 What was the date of registration? _____

- r. Are you a citizen of a country other than the United States? yes no

- s. Are you or will you be present in the United States under a student visa issued under the federal immigration laws?
 yes no
 If yes, please list type of visa and authorization date: _____
 (Attach a copy for documentation.)

- t. Do you maintain checking or savings accounts? yes no
 If yes, in what state or states are these accounts maintained? _____

- u. Do you own real property in Montana? yes no
 If yes, what is the location(s)? _____

- v. Do you possess resident hunting or fishing licenses? yes no
 If yes, from what state? _____
 What is the date of issue? _____

5. Please supply the required information.

- a. What is the beginning date of the applicable durational period upon which you base your claim of residency (initial 24-month period for professional program applicants; initial 12-month period for all others)?

- b. What action began this initial period? _____

- c. During the 12-month or 24-month period identified above, were you absent from the State of Montana for more than a total of 30 days? yes no
 If yes, please explain the details of the absence(s) _____

6. Please complete the table below. **Starting with the date identified in 5a above (the beginning date of your initial 12-month, or initial 24-month residency period as applicable) through the current time**, identify your physical presence in blocks of time. Be sure to include all periods that you were absent from Montana in excess of 21 days as a separate item. Attach an additional sheet if necessary.

Dates		Place of Abode	Employment		School Attended
From	To		Firm	Location	

7. Please list all institutions attended and credits taken during the last 24 months if seeking residency for purposes of application to a professional student exchange program, and during the last 12 months for all other purposes.

Dates		Institution Attended	Credits Taken
From	To		

8. Please indicate in the table below the sources and approximate amount of financial support received during the most recent 12 months or 24 months (as applicable) preceding the date of this form:

<u>SOURCE</u>	<u>AMOUNT</u>
From Father:	\$
From Mother:	\$
From Legal Guardian:	\$
From Spouse:	\$
From Scholarships/Grants (List):	\$
	\$
	\$
From Loans Made to You For Financial Support (List):	\$
	\$
	\$
From State Agencies (List):	\$
(Examples: Unemployment; Vocational Rehab, etc.)	\$
	\$
Self Earnings:	\$
Self Savings:	\$
Other (List):	\$
	\$
	\$

9. Please describe all other factors that you believe may be relevant in determining your residency status. (If more space is needed, use additional sheet of paper.) _____

I have received and reviewed the Student Guide to Montana's Residency policy and understand the requirements for eligibility for in-state status.

I hereby give permission to University System personnel reviewing this questionnaire to contact private and public individuals, companies, and agencies, including local and state taxing, election, and motor vehicle authorities, to verify the accuracy of my responses.

I hereby certify that to the best of my knowledge the foregoing responses are true and complete without evasion or misrepresentation.

I understand that if any of my responses are determined to be incorrect or false, I may be subject to retroactive reclassification to the date this questionnaire is signed.

Date _____ Signature _____

TAX EXEMPTION AFFIDAVIT

I (We) hereby certify that _____ was or was not
(Name of Student/Applicant)
 taken as a tax exemption on my (our) most recently filed federal and state tax return for the tax year _____ filed on
 _____, and he/she will or will not be taken as a tax exemption on my (our) federal and state tax return
 for the coming tax year _____ to be filed _____.

 Name (Signature)

 Name (Signature)

 Date

Notary Public: _____
(Printed Name)

Signature: _____

Notary Public for the State of: _____

Residing at: _____

My commission expires: _____

Cut along dotted line

EMPLOYMENT AFFIDAVIT (4C OR 4D)

I hereby certify that _____ is employed by
(Name of Employed Individual)
 _____, located at _____ in a full-time
 permanent (year-round) job. This employment was applied for on _____, was offered on
 _____, and actually began on _____.

 Name (Signature)

 Title

 Date

 Phone Number

Notary Public: _____
(Printed Name)

Signature: _____

Notary Public for the State of: _____

Residing at: _____

My commission expires: _____