

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 Campus 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 campus of the Montana University System no later than the fourth 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) _____

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: _____