

SUPPLEMENTAL PARENT/GUARDIAN RESIDENCY QUESTIONNAIRE

This supplemental form accompanies the Residency Questionnaire used to seek in-state residency status at an institution within the Montana University System. If a student was claimed on a parent/guardian's latest tax return, will be claimed on the tax return for the current year, and/or receives more than 50% of the student's financial support from the parent/guardian, the parent/guardian must fill out this form.

Please print clearly. Attach all required documentation. The supplemental questionnaire must be submitted along with the student's Residency Questionnaire and supporting documentation. Failure to complete the form or to supply supporting documentation may result in the denial of the student's request to be considered an in-state student.

You may be subject to reclassification and/or criminal penalties under the laws of Montana if you submit false or incorrect information.

Please supply the required information:

- a. Parent name _____ Student name _____
 Relation to student _____
- b. Military Service (if any) _____
 (Branch, Separation Date)
- c. If the student answered yes to statement 3h, please give the following information and submit the employment affidavit:
 Full-time employer _____
 Location of employment _____
 Date employment began _____
 Date of employment offer _____
 Hours worked per week or month _____
- d. Have you filed a federal income tax return?
☐ yes ☐ no
 If yes, which is the most recent year? _____
- e. Will you file a federal income tax return for the current year?
☐ yes ☐ no
 If no, please explain: _____
- f. Have you filed a state income tax return?
☐ yes ☐ no
 If yes, which is the 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: _____

g. Will you file a state income tax return for the current 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: _____

h. Do you own a home in Montana?

☐ yes ☐ no

If yes, what is the address of the home? _____

If yes, please attach a copy of your deed.

i. Do you own real property (other than a home) in Montana?

☐ yes ☐ no

If yes, what is the location(s)? _____

j. Do you own a home in any other state?

☐ yes ☐ no

If yes, what is the address of the home? _____

k. Have you been admitted to a licensed practicing profession in Montana?

☐ yes ☐ no

If yes, what is the name of the profession? _____

If yes, what is the date of admittance? _____

If yes, attach documentation.

l. Do you possess a driver's license or state ID?

☐ yes ☐ no

If yes, from what state? _____

If yes, is this a renewal of an earlier license or state ID?

☐ yes ☐ no

When was the license or state ID originally issued? _____

Current Issue Date, if different _____

If yes, attach a copy of your current driver's license or state ID.

m. Do you own or operate a motor vehicle in Montana?

☐ yes ☐ no

If yes, is this vehicle licensed and registered in Montana?

☐ yes ☐ no

If yes, is this a renewal of an earlier registration?

☐ yes ☐ no

When was the vehicle first registered in Montana? _____

Current Date of Registration in MT, if different _____

If yes, attach a copy of your registration.

If you operate a vehicle in Montana that is not registered in the state of Montana, please explain: _____

n. Are you a registered voter?

☐ yes ☐ no

If yes, in what state? _____

What was the date of registration? _____

If yes, provide a copy of your registration.

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

I 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. Initials_____

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

I understand that if any of my responses are determined to be incorrect or false, the student may be subject to retroactive reclassification, and I may be subject to criminal penalties under the laws of Montana. Initials_____

Date: _____ Signature: _____