

**APPLICATION FOR SOUTH CAROLINA RESIDENT CLASSIFICATION
FOR FEE PURPOSES AT THE COLLEGE OF CHARLESTON**

Legal Residency Office, 170 Calhoun Street
Charleston, South Carolina 29424-0001
TEL 843/953-7311/7312 FAX 843/953-3906

APPLICATION DEADLINES: July 15 (Fall) and November 15 (Spring). Deadline for Maymester and Summer Sessions is the official first day of class. All documentation must be completed by the official first day of class.

Student's Name _____
Last First Middle

SS# _____ Date of Birth _____ Age _____

Marital Status _____ If married, date of marriage _____ E-mail address _____

Present Address _____ Phone _____

Permanent Address _____ Phone _____

Name and address of Mother _____

Name and address of Father _____

Undergraduate/Graduate Student (Circle one). Term of original enrollment _____

Term I am requesting in-state status to begin _____

I have read the requirements, and I am requesting resident status based on the provision that:

_____ I am an independent person who has physically resided in South Carolina, off campus, for at least the twelve months immediately preceding the term in which I am requesting resident status. (Attach proof of presence.)

_____ I am an independent person and full-time employee who has been a permanent resident of SC for less than twelve months. (See "Residents with Full-time Employment").

_____ I am an independent person who has not physically resided in SC for the last twelve months, but prior to leaving did establish residency according to the requirements, and have maintained permanent and legal residence in SC during my absence. (On a separate page, list dates you resided in SC, when and why you left, and attach copies of SC driver's license, SC voter registration, SC Resident and Federal income tax returns with SC address for each tax year you were gone, and any other steps you took to maintain permanent residence in SC.) This includes military and their dependents.

_____ I am the dependent of a person who has physically resided and established a permanent home in South Carolina for at least twelve months immediately preceding the term I am requesting resident status. Name and relationship of person upon whom you are dependent _____

_____ I am a dependent person and my parent/spouse is a full-time employee in South Carolina who has been a permanent resident of the state for less than twelve months. (See "Information on Dependent Students").

_____ I am on active military duty in SC or my parent/spouse is on active military duty in SC. (Attach military residency application and photocopy of orders and military ID card.)

_____ I am retired, the dependent of a retired person, or a Senior Citizen. (Circle one.)

_____ Other (Please explain):

APPLICATION FOR SOUTH CAROLINA RESIDENT CLASSIFICATION
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Page Two

Purpose of coming to South Carolina _____

How long have you physically and continuously resided in South Carolina? From _____ to _____

Date you claim you became a legal resident of South Carolina _____

Do you own property in South Carolina? _____ Date of purchase _____

Address(es) where you have lived for the last 12 months: _____

Are you a US citizen? _____ If not, type of visa you hold (attach copy) _____

Alien Registration number _____ Date of issue _____
(Attach a photocopy of front and back of Alien Registration card.)

Do you have a bank account in South Carolina? _____ How long have you had the account? _____

Do you have a checking/savings account at a bank in another state? _____ If so, what state? _____

Do you have a valid driver's license? _____ State and date of issue _____
(Attach a photocopy if driver's license issued in South Carolina.)

Are you currently registered to vote? _____ State and date of issue _____
(Attach a photocopy if registered to vote in South Carolina.)

Is the motor vehicle you use registered in your name? _____ If not, in whose name is it registered? _____
Relationship _____ In what state is it registered? _____ Date of registration _____
(Attach photocopy of registration if registered in South Carolina.)

Did you file state income tax returns in any state during the last 12 months? _____ If so, when and in what state did you
file the returns? _____
(Except military, attach photocopies of signed and dated state and federal return(s) for the previous tax year.)

Will you file a state income tax return for the current tax year? _____ If so, in what state will you file? _____

Were you claimed as a dependent on someone's income tax return for the previous year? Whose? _____

Will you be claimed as a dependent on someone's income tax return for the current year? _____ If so, name, relationship,
and address of person who will claim you: _____

Are you currently employed? _____ Employer _____ Hours/week _____
How long with current employer? _____ Full time or Part time? _____

List all employment for the last 12 months:

Dates	Employer	City/State	Full time/Part time	Hours per week
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STUDENT'S SIGNATURE AND DATE _____

College of Charleston
Legal Residency Office
Charleston, South Carolina 29424
843/953-7311/7312 * FAX (843) 953-3906

AFFIDAVIT OF FINANCIAL INDEPENDENCE

(TO BE COMPLETED BY STUDENT/APPLICANT)

NAME _____ SS# _____

Please Note: Student must provide and document at least 51% of the total amount of support listed for the twelve months immediately preceding the term in which resident status is requested.

Sources of Funds (For Previous twelve months)		Expenses (For Previous twelve months)	
*Your Earned Income	\$ _____	Rent/Mortgage	\$ _____
Money from Father	_____	Utilities	_____
Money from Mother	_____	Medical/Dental	_____
Money from Guardian	_____	Tuition & Fees	_____
Money from Spouse	_____	Books/Supplies	_____
*V.A. Benefits	_____	Transportation	_____
*Social Security	_____	Auto Insurance	_____
*Scholarships	_____	Other Insurance	_____
*Grants	_____	Clothing	_____
*Loans	_____	Food	_____
(Type) _____	_____	Miscellaneous	_____
(Type) _____	_____	_____	_____
* Other (Explain)	_____	_____	_____
_____	_____		
_____	_____		
TOTAL:	\$ _____	TOTAL:	\$ _____

***Attach Documentation to verify these amounts.**

I certify that the information on this form is, to the best of my knowledge, correct and complete. I understand that additional documentation may be requested to confirm my financial independence at any time during the application process.

NOTARY PUBLIC STAMP AND SEAL

Signature of Student/Applicant

Date

Legal Residency Office
College of Charleston
Charleston, SC 29424
843/953-7311/7312

CERTIFICATE OF INDEPENDENT PERSON'S RESIDENCY

(Form will be returned if not completed and notarized.)

I, _____, SS# _____ declare under oath this
_____ day of _____, _____, that I reside at and my principal residence is located at _____
_____.

I also declare that I provide more than half of my financial support, and filed my _____ (previous tax year)
State and Federal income taxes as a resident of _____. To verify the above statements, I have
attached photocopies of these returns.

I understand that if I am granted resident status prior to and dependent upon my filing for the year _____
(current tax year), I agree to file a South Carolina Resident income tax return, claim myself as an exemption
on my Federal income tax return, and provide the Legal Residency Office with copies of these returns or my
extension form no later than April 15. I further agree that if these copies are not received, I am responsible
for the difference of the out-of-state fees retroactive to the term for which resident status was granted, and agree
to pay said difference upon receipt of statement from the College.

NOTARY PUBLIC STAMP AND SEAL

Signature of Student

Date

Legal Residency Office
College of Charleston
Charleston, South Carolina 29424
(843) 953-7311 or 7312
Fax (843) 953-3906

INDIVIDUAL PARENT AFFIDAVIT

This form is required if student is under 24, or is over 24 and has received financial assistance from parent. Form will be returned if not completed and notarized. Faxes are acceptable if followed by hard copies.

I, parent of _____, Student SS# _____, hereby announce and declare this ____ day of _____, that I contributed \$_____ to the support of my son/daughter during the twelve consecutive months immediately preceding the semester he/she is requesting resident status (includes tuition and PLUS loans). I last claimed him/her on my 20___ Federal income tax return, but will not claim him/her on my 20___ (current year) or 20___ (following year) returns, nor will I provide more than half of his/her total support for the current and succeeding tax years while attending the College of Charleston, should he/she be approved to pay in-state rates as an independent South Carolina resident.

Attach a copy of your previous year's Federal tax return (pages 1 & 2, with financial information and SS#s marked out) if you did NOT claim student.

I understand that if my son/daughter is granted resident status prior to and dependent upon my filing my Federal Income tax return for the current tax year, 20___, I agree to provide the Legal Residency Office with a copy or a copy of my extension by April 15, 20___. I further understand that if it is not received by April 15, my son/daughter is responsible for the non-resident fees retroactive to the term he/she was granted resident status.

NOTARY PUBLIC STAMP AND SEAL

Printed name of parent

Address

Signature of parent