

**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
www.legalresidency.cofc.edu

APPLICATION DEADLINES: July 1 (Fall) and November 1 (Spring). Deadline for Maymester and Summer Sessions is two weeks prior to the official first day of class. All documentation must be completed by the official first day of class or application will be denied for that semester.

Student's Name _____
Last First Middle

SS# _____ CofC ID # _____ 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 _____
_____ Email address _____

Name and address of Father _____
_____ Email address _____

Undergraduate/Graduate Student (Circle one). Semester and year 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 lease or 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" under Exceptions).

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

_____ Other (Please explain):

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NOTE: Resident status may not be acquired by an applicant or student while residing in SC for the sole purpose of enrollment in an institution or for access to state-supported programs designed to serve SC residents.

Purpose of your coming to SC and becoming a legal resident _____

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

First step you took to establish intent to become a SC resident _____ Date _____

Do you own property (real estate) in South Carolina? _____ Purchase date _____ Attach proof.

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

Are you, your parents, or spouse, a US citizen? _____ If no, who? _____
Attach copies of applicable visas, alien registration cards, or permanent resident cards.

Attach copy of your valid SC driver's license or SC ID card. Date of issue _____

Are you registered to vote in SC? _____ If so, attach copy. Date of issue _____

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

Did you file any income tax returns for the previous tax year? _____ If so, in what state did you file? _____
(Attach photocopies of your signed and dated state and federal return(s) for the previous tax year.)

Will you file a SC income tax return for the current tax year? _____ Resident or Non-resident? _____
Will you file as a part-year resident of another state, also? _____ What state? _____

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

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 _____
Hire date _____ Full time or Part time _____ Hours worked per week _____

List all other employment for the last 12 months:

Dates	Employer	City/State	Full time/Part time	Hours per week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STUDENT'S SIGNATURE _____ **DATE** _____

Email is the official means of communication between the Legal Residency Office and the student during processing of this application, and until the file is closed. Please keep email addresses updated on Cougar Trail.

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# _____

The sources and amounts listed below represent the twelve consecutive months prior to the semester in which resident status is requested, from _____ to _____.

Sources of Funds (For twelve months above)		Expenses (For twelve months above)	
*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, SC 29424
843/953-7311/7312

OUT-OF-STATE 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

Street address

City State Zip

Signature of parent

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NOTARY PUBLIC STAMP AND SEAL

Printed name of parent

Street address

City State Zip

Signature of parent