



RESIDENCY CERTIFICATION FORM

Residency Officer
P.O. Box 1467
Greenwood, SC 29648-1467

This form is to be completed by the independent student who is seeking to establish residency for tuition and fee purposes and has lived in South Carolina for at least 12 months prior to the semester for which he/she is requesting in-state status or the dependent person whose parent or legal guardian has lived in South Carolina for at least 12 months prior to the semester for which the student is requesting in-state status. Determination of residency status will be made in accordance with the South Carolina Code of Laws, Sections 59-112-10 through 59-112-100. All communication in reference to your residency status will be sent to the e-mail address you provide on this form.

If you are an independent student who has lived in South Carolina less than 12 months or a dependent student whose parent or legal guardian has lived in South Carolina less than 12 months, and you qualify for one of the exemptions listed below, you will not need to complete this application. You will need to complete the Reclassification for Residency Status - Exemptions form.

- Active Military Personnel and their Dependents
Full-time Faculty and Administrative Employees of a South Carolina state Supported College or University and their Dependents
Residents with Full-time Employment and their Dependents
Retired Persons Receiving a Pension or Annuity and their Dependents
Persons on Terminal Leave
Veterans & Covered Individuals who Receive Assistance under Chapter 30 or Chapter 33
United States Citizen Students who are Dependent on an Undocumented Parent or Guardian

1. Name of Applicant: (Last Name) (First Name) (MI)
2. Social Security #: or Student ID #:
3. Address:
4. City: State: Zip Code:
5. Telephone: (Home) (Work) (Cell)
6. E-mail:
7. Driver's License Number: State issued: Date Issued:

ITEMS 8 – 11 TO BE COMPLETED ONLY IF YOU ARE AN INDEPENDENT PERSON: An independent person is one who provides more than half of his or her own support for the twelve months immediately prior to the date that classes begin for the semester for which resident status is requested and is not claimed as a dependent or exemption on someone else's federal income tax return the year of enrollment or re-enrollment.

8. How long have you been a legal resident of South Carolina? _____
 From (month/year) _____ To (month/year) _____
9. Have you ever been considered a resident of another state for any reason since you have been a legal resident of South Carolina? Yes _____ No _____ If yes, gives dates you were considered a resident of another state.
 From (month/year) _____ To (month/year) _____

10. Please provide addresses that you have physically resided for the past two years.

From – To (month/year)	Address	County	City/State/Zip Code
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11. Please provide employment history for the past two years: (If none, state "none")

From – To (month/year)	Employer	City/State/Zip Code	Full-time or Part-time
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ITEMS 12-18 TO BE COMPLETED ONLY IF YOU ARE A DEPENDENT PERSON: A dependent person is one who does not provide more than half of his or her own support and whose predominant source of income or support is from a parent, spouse, or guardian twelve months immediately prior to the date that classes begin for the semester for which resident status is requested and/or one who is claimed as a dependent or exemption on the parent, spouse or guardian federal tax return the year of enrollment or re-enrollment.

12. Name of person who claimed you as a dependent or exemption on last year's federal income tax return (or who has legal custody of you): _____ Relationship: _____
 If the person has legal custody of you, give date legal custody was granted: _____

13. Citizenship of person named in Item #12: U.S. Citizen _____ Non-U.S. Citizen, Permanent Resident _____
 Date residency granted: _____ Other (give Visa type): _____
 (If person is not a U.S. citizen, attach an official document verifying the person's immigrant status.)

14. How long has person named in Item #12 been a legal resident of South Carolina? _____ years
 From (month/year) _____ To (month/year) _____

15. Addresses where person named in Item #12 has physically resided the past two years.

From – To (month/year)	Address	County	City/State/Zip
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16. Employment of person named in Item #12 for the past two years.

From– To (month/year)	Employer	City/State/Zip	Full time or Part-time
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17. Did the person in Item #12 claim you as a dependent or exemption on his or her last year's federal income tax return?
Yes_____ No_____

18. Will you be claimed as a dependent or exemption on the current year's federal income tax return of the person named in Item #12? Yes_____ No_____

PROOF OF RESIDENCY REQUIREMENTS

All items listed below are required for proof of residency. All requirements must show a twelve-month residency period immediately before the date that classes begin for the semester in which resident status is claimed. If the date is after the start of class, residency will be approved the following semester. The information requested is required for independent students who completed items 8-11. Students that are dependents and completed items 12-18 are required to provide the information below for the parent or legal guardian on whom they are dependent. Residency status will not be reviewed until all documents are received.

1. A valid South Carolina driver's license, or if a non-driver, a South Carolina Identification Card.
 2. Establishment of a valid South Carolina domicile. One of the following must be submitted.
 - ❖ Ownership of principle residence in South Carolina (mortgage agreement on property showing date South Carolina domicile was claimed)
 - ❖ A valid lease (copy from the apartment manager's office)
 3. A valid South Carolina vehicle registration card.
 4. If employed full-time or part-time with full-time benefits, a statement of employment on company letter head from the Human Resources Office at your company, with date of hire, and full-time employment status.
 5. A utility bill for a valid South Carolina residence.
 6. Federal and South Carolina income taxes returns for the past tax year.
 7. Licensing for professional practice in South Carolina, if applicable.
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CERTIFICATION OF APPLICANT: Please initial certifying you have read and understand the information below:

_____ If any piece of documentation points to another state of residency, the applicant will not be considered for in-state tuition.

_____ Applicants incorrectly classified as residents are subject to reclassification and to payment of all non-resident tuition not paid. If incorrect classification results from false or concealed facts, such applicants may be charged tuition and fees past due and unpaid at the out-of-state rate. The violator may also be subject to administrative, civil, and financial penalties.

_____ If any change occurs that effect residency status it is the responsibility of the student to notify the Residency Officer of such changes.

_____ Failure to provide all of the documentation required will result in out-of-state status.

_____ Additional documentation may be needed to determine residency.

_____ If residency is denied, a new application and new supporting documentation must be submitted for consideration.

_____ I have the right to appeal my residency decision to Piedmont Technical College's Residency Appeals Committee.

Signature of Applicant

Date

INTERNAL USE ONLY

Classification: In-county _____ County _____

 In-state, Out of County _____

 Out of State _____

 International _____

Signature of Piedmont Technical College Official

Date

Institution Notes: _____
