



Application for In-State Residency Status

Important: Newly admitted students should file this form only after consultation with the Director of Admissions. Students currently enrolled should consult with the Residency Officer in the Office of the Registrar before filing.

Instructions

All students applying for reclassification to in-state residency status for tuition purpose must fully complete the attached application before it will be considered. Providing full information will aid in presenting clear and convincing evidence of your status. In cases where the question is no applicable write "NA" in the space provided. Information that is provided should support that the student has established his/her residence and domicile in the state of New Hampshire for some purpose other than the temporary or primary one of obtaining an education. In addition to the application, supporting documents must be attached. See the lists below for the documents that must be submitted. The Residency Officer may require additional documentation. The regulations of the University System of New Hampshire specify that the burden of proof is on the student.

Dependent Students—Supporting Document

- Notarized statement indicating when and where New Hampshire resident tax for parent was paid.
- Notarized statement from town clerk indicating original date of parent's voter registration.
- Photocopy of parent's last federal income tax return.
- Photocopy of parent's New Hampshire driver's license and auto registration.
- Any additional information or documentation that you feel is relevant to your case.

Independent Students—Supporting Documents

- Notarized statement indicating when and where New Hampshire resident tax was paid.
- Notarized statement from town clerk indicating original date of voter registration.
- Photocopy of student's federal income tax return
- Portion of the parent's federal income tax return showing that the student was not claimed as a dependent.
- Photocopy of New Hampshire driver's license and auto registration.
- Any additional information or documentation that you feel is relevant to your case.
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Application Deadlines

Fall Semester:	September 1
Spring Semester:	January 1

All applications after this date will be considered for the next regular semester

Application Submission

The application form and all supporting documentation should be sent to:

Residency Officer, Office of the Registrar
Plymouth State University
MSC 7
17 High Street
Plymouth, NH 03264

Or

present materials at the Office of the Registrar in Speare Administration Building

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Application for In-State Residency Status

Name:		Date:	
PSU Student ID:		Date of Birth:	
Hub Suite Address:		Email Address:	
Home Street Address:			
Home City:		Home State:	
		Home Zip:	
High School Attended:			
H.S. Graduation Date:		Marital Status:	
Are you a U.S. Citizen?		If not, what type of visa do you possess?	
I am applying for in-state residency status beginning:	Fall Term: <input type="checkbox"/>	Spring Term: <input type="checkbox"/>	Year: <input type="text"/>
Have you ever applied for in-state residency status before?	<input type="checkbox"/>	If yes, date of application:	<input type="text"/>

1. On what date did you first move to New Hampshire?	
2. Why did you move here?	
3. Date you entered the University System of N. H.?	Institution?
4. Have you been continuously enrolled each semester since then?	If not, please explain:
5. Are you a degree-seeking (matriculated) student?	If yes, what is your major?
6. Has your residence in New Hampshire been interrupted at any time since it began? If so, list when and the length of time out of state and the reason for your absence from New Hampshire.	



7. List chronologically all post-secondary institutions at which you were enrolled during the last four years. If you were not enrolled in school, list all employment. Begin it the most recent first.					
Dates	College or Company	Occupation	Address	FT	PT
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Students dependent on parental support, complete items 8-13.
Student claiming independent (emancipated) status, skip to item 14.

8. List the name(s) of your parent(s) or legal guardian on whom you are dependent.

9. Are the parent(s) or legal guardian listed in item 8 domiciled in New Hampshire?
If yes, on what date did your parent(s) or legal guardian establish permanent residency in New Hampshire?

10. List the state(s) in which your parent(s) or legal guardian are registered to vote:

11. List the state(s) in which your parent(s) or legal guardian have automobiles registered:

12. List the state(s) in which your parent(s) or legal guardian have valid driver's licenses:

Do your parent(s) or legal guardian own property outside New Hampshire?
If yes, list the type of property and state in which it is located:



14. Are you presently receiving or have you in the last year received any financial support from either or both of your parents or a legal guardian?

15. Were you claimed as an exemption by either or both of your parents or any person (except a spouse) on their last federal income tax return? If yes, what was the year last claimed?

16. Are you being supported pursuant to a custody order? If yes, when will such support cease?

17. List the dates and places you have registered to vote for the past four years:

Year	Date Registered	City and State

18. For the last four years, list the state(s) and years in which you filed a federal income tax return:

State	Month and Year Filed	For Tax Year

19. List all driver's licenses held within the last four years, including the states from which acquired, date of acquisition and whether they are presently valid.

Date	State(s)	Valid or Invalid

20. Do you have a car? If yes, in what state is it registered and what is the date of valid registration?

21. Do you rent a house or apartment? If yes, how long you have resided there?

22. If you rent, is the lease in your name? If not, please explain.



23. Do you own property anywhere? If yes, list property, location and when acquired.

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24. Have you paid property tax? If yes, list location(s) and most recent date(s) of payment.

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25. Have you paid New Hampshire resident tax? If yes, list the place(s) and date(s) of payment.

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26. For students required to register with Selective Service, what is the location and address of your local Selective Service office? (Please include: Street, City, State and Zip)

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27. If during the last year you have been independent of your parents or legal guardian for support, indicate below how you financed your living and tuition expenses during that time.

Expenses (Last Year)	Fall	Spring	Summer	Total
Tuition and fees:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School related books, supplies, etc.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing and Utilities:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food, groceries and household supplies:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothing and laundry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation (including auto expenses and maintenance):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recreation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical, Dental and Health insurance expenses:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto Insurance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miscellaneous (specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Expenses:				<input type="text"/>



Sources of Income (Last Year)	Fall	Spring	Summer	Percentage	Total
Parents					
Other relatives					
Earnings					
Personal savings					
Trust funds and inheritances					
Financial Aid awards					
Other sources of income (specify)					
Total Income:					

28. List your expected expenses during the coming year and how you expect to meet your financial obligations. Under Sources of Income, include the amounts you receive from all sources.

Expenses (Coming Year)	Fall	Spring	Summer	Total
Tuition and fees:				
School related books, supplies, etc.:				
Housing and Utilities:				
Food, groceries and household supplies:				
Clothing and laundry:				
Transportation (including auto expenses and maintenance):				
Recreation:				
Medical, Dental and Health insurance expenses:				
Auto Insurance:				
Miscellaneous (specify):				
Total Estimated Expenses:				



Sources of Income (Coming Year)	Fall	Spring	Summer	Percentage	Total
Parents					
Other relatives					
Earnings					
Personal savings					
Trust funds and inheritances					
Financial Aid awards					
Other sources of income (specify)					
Total Income:					

All Students Complete this Item:

By signing this, I attest that all the information supplied above is correct to the best of my knowledge and belief.

Signed: _____

(Must be signed by student in the presence of a Notary Public)

Notarization: (To be completed by a Notary Public)

Subscribed and sworn to before me this _____ day of _____,

Notary Public

County : _____ State : _____ My commission expires: _____