

# South Carolina Residency Certification Form

legal last name \_\_\_\_\_ legal first name \_\_\_\_\_ legal middle name \_\_\_\_\_ (suffix—Jr., II, III, etc.) \_\_\_\_\_

Applicant's Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Term you expect to begin classes: \_\_\_\_\_

Citizenship (Check only one)

- a.  U.S. citizen    b.  Not U.S. citizen, but permanent resident of U.S. **Date permanent resident status granted** \_\_\_\_\_  
c.  Other; give visa type \_\_\_\_\_

**Note: If you are not a U.S. citizen, attach photocopy of official document verifying your immigrant status.**

**INDEPENDENT PERSONS COMPLETE ITEMS 1–7 and sign back of form.** Independent persons are persons who will provide more than half of their own support the 12 months immediately preceding the year of their enrollment or re-enrollment, and they will not be claimed as dependents or exemptions on anyone's federal income tax return the year of their enrollment or re-enrollment.

**1** Addresses where you have physically resided for the past two years (include current address):

street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

**2** Employment for the past two years: **(If you have been unemployed the past two years, list your last employer.)**

employer \_\_\_\_\_ city/state/zip \_\_\_\_\_ full-time or part-time \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
employer \_\_\_\_\_ city/state/zip \_\_\_\_\_ full-time or part-time \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

**3** If you have been part-time employed or unemployed during the past 12 months, list the sources of the majority of your support for the past 12 months:

\_\_\_\_\_

**If the majority of your support has been from someone else during this time, complete items 8–17 on the back of this form.**

**4** Do you have a driver's license?  yes  no    If yes, from what state? \_\_\_\_\_ Driver's license number \_\_\_\_\_  
Current date of issue of driver's license \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year    If you have an S.C. driver's license, when did you first obtain it? \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

**5** Do you have a motor vehicle registered in your name?  yes  no    If yes, in what state is the vehicle registered? \_\_\_\_\_  
Current date of issue of vehicle registration certificate \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year    Date this vehicle purchased \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
Date you first registered this vehicle in South Carolina \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

**6** Did you file an S.C. income tax return for the last tax year?  yes  no  
If so, under what status did you file the return?  full-year resident  part-year resident  nonresident

**7 To be completed if you are under 25 years of age**

City and state where parents reside: Mother \_\_\_\_\_ Father \_\_\_\_\_

What year did your parents last claim you as a dependent on their federal income tax return? \_\_\_\_\_

Will your parents claim you as a dependent on their federal income tax return the year you plan to begin classes?  yes  no

The University is required by South Carolina law to determine the resident classification of applicants and students for purposes of receiving in-state tuition and fees. All applicants who claim South Carolina residency for these purposes must complete all applicable parts of this form. Incomplete forms will be returned to applicants.

**The Legal Residency Office may request additional information if further clarification is needed.**

For more information, visit: [www.sc.edu/bursar/instate.shtml](http://www.sc.edu/bursar/instate.shtml) or contact us at: [burslegr@mailbox.sc.edu](mailto:burslegr@mailbox.sc.edu).

**Do not mail to the admissions office.**

**(for official use only)**

Res \_\_\_\_\_

Non-Res \_\_\_\_\_

Date \_\_\_\_\_

R.O. \_\_\_\_\_

**DEPENDENT PERSONS COMPLETE ITEMS 8-17 and sign at the bottom of this form.** Dependent persons are persons who will not provide more than half of their own support the 12 months prior to their enrollment or reenrollment, and they will be claimed as dependents or exemptions on someone else's federal income tax return the year of their enrollment or reenrollment. Dependent persons are also persons who are under the legal custody of a parent or legal guardian.

**8** Name of person who will provide more than half of your support the 12 months prior to your enrollment or re-enrollment and will claim you as a dependent or exemption on his or her federal income tax return the year of your enrollment or re-enrollment, or name of person who has legal custody of you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(only one person)

If legal custody granted, give date legal custody was granted \_\_\_\_\_

**9** Citizenship of person in Item #8 (check only one)

a.  U.S. citizen    b.  Not U.S. citizen, but permanent resident of U.S. **Date permanent resident status granted** \_\_\_\_\_

c.  Other; give visa type \_\_\_\_\_

**Note: If person is not a U.S. citizen, attach photocopy of official document verifying the person's immigrant status.**

**10** Addresses where person named in Item #8 has physically resided for the past two years (include current address):

\_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

\_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

**11** Employment for the past two years of person named in item #8: **(If unemployed the past two years, list last employer.)**

\_\_\_\_\_ employer \_\_\_\_\_ city/state/zip \_\_\_\_\_ full-time or part-time \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

\_\_\_\_\_ employer \_\_\_\_\_ city/state/zip \_\_\_\_\_ full-time or part-time \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

**12** Does the person in Item #8 have a driver's license?  yes  no    If yes, from what state? \_\_\_\_\_ Driver's license number \_\_\_\_\_

Current date of issue of driver's license \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year    If this person has an S.C. license, when did they first obtain it? \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

**13** Does the person in Item #8 have a motor vehicle registered in his or her name?  yes  no    If yes, in what state is the vehicle registered? \_\_\_\_\_

Current date of issue of vehicle registration certificate \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year    Date this vehicle purchased \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

Date the person first registered this vehicle in South Carolina \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

**14** Did the person in Item #8 file an S.C. income tax return for the last tax year?  yes  no

If so, under what status did he or she file the return?  full-year resident  part-year resident  nonresident

**15** Did or will the person in Item #8 claim you as a dependent or exemption (married filing jointly) on his or her last year's federal income tax return?  yes  no

**16** Will the person in Item #8 claim you as a dependent or exemption on his or her federal tax return the year you expect to begin classes?  yes  no

**If not, you also need to complete items 1-7 on the front of this form.**

**17** I certify that the information I have provided is true and accurate. I understand that additional information may be requested if further clarification is needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone Number (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

**Complete both pages of this form (1 & 2) and mail to:**

University of South Carolina  
 Office of the Bursar -  
 Legal Residency  
 Columbia, South Carolina 29208  
 Phone: (803) 777-4060

**OR**

Fax both pages to:  
 (803) 777-3977

**(Do not mail if you fax form.)**