



**Virginia Military Institute**

**Application for Review of Residency and Tuition Status**

This form should be completed to determine timelines for change of residency or if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23-7.4, Code of Virginia. All questions must be answered. Section A must be completed by the applicant. Section B must be completed by the parent or legal guardian listed at the time of application (for dependent cadets). Supporting documents and additional information may be requested upon review of the application.

**APPLICANT**

**SECTION A:**

1. Name of Applicant: \_\_\_\_\_ 2) Social Security Number: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ 4. Citizenship:  U.S.  Non-U.S. If non-U.S. give visa type: \_\_\_\_\_

5. How long have you lived in Virginia? Month: \_\_\_\_\_ Year: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

6. Where have you lived for the past two years? List current address first:

<u>From (mo/day/yr)</u>	<u>To (mo/day/yr)</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. Do your parents or legal guardian provide over half of your financial support or claim you as a tax dependent?  Yes  No  
If no, how do you support yourself? \_\_\_\_\_ (Please provide taxes, W2, residency documentation)

8. Are you an independent student?  Yes  No If so, how and when did you become independent? \_\_\_\_\_

9. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year?  Yes  No  
If so, which state? \_\_\_\_\_

10. For at least one year prior to the term in which you get in-state rates, will you have:

A. Filed a tax return or paid income taxes to Virginia on all earned income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Been a registered voter in Virginia? If yes, give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Held a valid Virginia driver's license? If yes, date issued: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Do you own or operate a motor vehicle?  
If yes, list the states it has been registered in during the past year: \_\_\_\_\_

12. Are you or any other member of your immediate family presently in the military?  Yes  No  
If yes, check:  Self  Parent/Legal Guardian

13. Answer this question only if you live outside Virginia but work in Virginia:

A. Will you have lived outside Virginia, worked in Virginia, earned at least \$9,500 and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least one year prior to the term in which you will enroll?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I certify, under penalty of disciplinary action, the information I have provided is true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN**

**SECTION B:**

1. Name of Parent or Legal Guardian: \_\_\_\_\_
2. Relationship to Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. Citizenship:  U.S.  Non-U.S. If non-U.S. give visa type: \_\_\_\_\_
4. How long have you lived in Virginia? \_\_\_\_\_
5. Where have you lived for the past two years? List current address first:  

<u>From (mo/day/yr)</u>	<u>To (mo/day/yr)</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
6. Will you have filed a tax return or paid income taxes to any other state than Virginia during the past year?  Yes  No  
If yes, which state? \_\_\_\_\_
7. Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the tax year in which the applicant will enroll?  Yes  No
8. Will you have provided over half of the applicant's financial support for at least one year prior to the term in which the applicant enrolled?  Yes  No
9. For at least one year prior to the term in which the applicant will enroll, will you have:
  - A. Filed a tax return or paid income taxes to Virginia on all earned income?  Yes  No
  - B. Been a registered voter in Virginia? If yes, give date: \_\_\_\_\_  Yes  No
  - C. Held a valid Virginia driver's license? If yes, date issued: \_\_\_\_\_  Yes  No
10. Do you own or operate a motor vehicle?  Yes  No  
If yes, list the states it has been registered in during the past year: \_\_\_\_\_
11. Are you or any other member of your immediate family presently in the military?  Yes  No  
If yes, check:  Self  Spouse Home of Record: \_\_\_\_\_
  - A. Will Virginia income taxes have been paid on all military income for one year prior to the term in which the applicant will enroll? If no, to which state were taxes paid? \_\_\_\_\_  Yes  No
  - B. If the answer to (A) is NO, will the applicant's non-military parent have resided in Virginia, been employed and earned at least \$9,500, paid Virginia income taxes, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant will enroll?  Yes  No
  - C. If the answers to (A) and (B) are NO, please indicate that date your military spouse was stationed or established residence in Virginia pursuant to military orders: \_\_\_\_\_  Yes  No
12. Answer this question only if you or your spouse live outside Virginia but work in Virginia:
  - A. Will you or your spouse have lived outside Virginia, been employed in Virginia, earned at least \$9,500 and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least one year prior to the term in which the applicant will enroll?  Yes  No
  - B. If the answer to (A) is YES, will the parent employed in Virginia have claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant will enroll?  Yes  No
13. Were you a resident of the Commonwealth of Virginia and a member of the Foreign Service Office who received a foreign service assignment? If yes, date of foreign service assignment: \_\_\_\_\_  Yes  No

I certify all the information I have provided is true.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_