

# Application for Virginia In-state Tuition Rates

This form should be completed if you are claiming entitlement to Virginia in-state tuition pursuant to Section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. The completed form must accompany the Application for Undergraduate Admission.

## Part I

1. Name \_\_\_\_\_  
last first middle initial former/maiden name
2. Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Please note, while this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.
3. Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Citizenship  U.S.  Permanent resident alien, political asylum or refugee  Non-U.S. If non-U.S., give visa type \_\_\_\_\_
5. Marital status \_\_\_\_\_ 6. Name of parent/legal guardian or spouse \_\_\_\_\_
7. Permanent address of parent/legal guardian or spouse \_\_\_\_\_
8. Citizenship of parent/legal guardian or spouse  U.S.  Permanent resident alien, political asylum or refugee  Non-U.S. If non-U.S., give visa type \_\_\_\_\_

## Part II – Section A: Student information

1. Where have you lived in the last two years? (List current address first. Include dates.)

Street address	City	State	ZIP code	From (MM/DD/YY)	To (MM/DD/YY)
_____	_____	_____	_____	_____ / _____ / _____	present
_____	_____	_____	_____	_____ / _____ / _____	_____ / _____ / _____
_____	_____	_____	_____	_____ / _____ / _____	_____ / _____ / _____

2. Do your parents/legal guardian provide 50 percent or more of your financial support or claim you as a tax dependent?  Yes  No
3. a. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?  N/A  Yes  No
- b. If "Yes," does your spouse provide more than 50 percent of your financial support?  Yes  No
4. Do any of the following characteristics apply to you? (Place a check mark beside all that apply.)
- Age 24 or older as of the first day of the semester in which you intend to enroll.
  - Veteran or active duty member of the U.S. Armed Forces.
  - Graduate student.
  - Ward of the court or was a ward of the court until age 18.
  - If both parents are deceased, no adoptive or legal guardian.
  - Legal dependents other than a spouse.
  - Independent student (attach federal and state tax forms).

### Directions for completing the remainder of this application

**If your response to No. 2 is "Yes," stop now and go to Section B.** Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

**If your response to No. 3b is "Yes," stop now and go to Section B.** Complete both the unshaded and shaded areas of the remainder of this application; provide your spouse's information in the shaded areas.

**If your response to No. 3b is "No," stop now and go to Section B.** Complete only the unshaded areas of the remainder of this application.

**If you are unmarried and did not check any of the items in No. 4, stop now and go to Section B.** Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

**If you are unmarried and checked any of the items in No. 4 and answered "No" to No. 2,** complete only the unshaded areas of the remainder of the application.

## Part II – Section B: Domicile information

For the parent/legal guardian or spouse portion of this application, answer the questions about the parent/legal guardian upon whom you are dependent. **This parent/legal guardian must sign and date this application.** If you are claiming eligibility for in-state rates based on your spouse's domicile, you must answer the parent/legal guardian or spouse portion of this application about your spouse. **Your spouse must sign and date the application.**

5. Are you completing the shaded areas for your (check only one)  Father  Mother  Legal guardian  Spouse

**Part II – Section B: Domicile information (cont.)**

For questions 6-10, if your answer is “No” to question “a,” then you must check the appropriate responses to question “b” either as “Student” or “Other” (i.e., parent, legal guardian or spouse).

	Student		Parent, legal guardian or spouse	
	Yes	No	Yes	No
6. a. Have you been employed in Virginia for the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If “No,” were you employed in: Student: another state ____ not employed ____ Other: another state ____ not employed ____				
7. a. Was a tax return filed or were income taxes paid to Virginia as a full- or part-year resident on all earned income for the year prior to the semester in which you will enroll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If “No,” were taxes paid to: Student: another state ____ did not file ____ Other: another state ____ did not file ____				
8. a. Are you a registered voter in Virginia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If “No,” are you registered to vote in: Student: another state ____ not registered ____ Other: another state ____ not registered ____				
9. a. Do you hold a valid Virginia driver’s license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If “No,” do you hold a license in: Student: another state ____ not licensed ____ Other: another state ____ not licensed ____				
10. a. Did you operate a motor vehicle registered in Virginia during the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If “No,” is it registered in: Student: another state ____ not registered ____ Other: another state ____ not registered ____				
11. a. Are you a member of the U.S. Armed Forces? <i>If “No,” go to No. 12.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Have income taxes been paid to Virginia on all military income for the last year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If “No,” have income taxes been paid to another state?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Does the current Leave/Earnings Statement reflect Virginia withholding?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If “Yes,” effective date of change to Virginia: <small>Attach a copy of your LES and DD-2058.</small>				____ / ____ / ____

12. a. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces? <i>If “No,” go to No. 13.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Have income taxes been paid to Virginia on all military income for the last year? If “No,” have income taxes been paid to another state?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Does the current Leave/Earnings Statement reflect Virginia withholding? If “Yes,” effective date of change to Virginia: <small>Attach a copy of your LES and DD-2058.</small>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d. Has your parent/legal guardian or spouse claimed you as a dependent for federal and state income taxes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Section C: Additional information**

13. If your spouse is in the military, will you have:	<input type="checkbox"/>	Question 13 is not applicable
a. Resided in Virginia for the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Been employed and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c. Paid income taxes to Virginia on all earned income?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
14. If you have lived outside Virginia for the past year, will you have:	<input type="checkbox"/>	Question 14 is not applicable
a. Been employed in Virginia and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
15. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:	<input type="checkbox"/>	Question 15 is not applicable
a. Resided in Virginia for the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Been employed and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c. Paid income taxes to Virginia on all earned income?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
d. Claimed you as a dependent for federal and state income tax purposes?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
16. If your parent/legal guardian has lived outside Virginia for the past year, will the parent/legal guardian have:	<input type="checkbox"/>	Question 16 is not applicable
a. Been employed and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c. Claimed you as a dependent for federal and state income tax purposes?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

**Section D: Parent/legal guardian or spouse information**

17. Where have you lived in the last two years? (List current address first. Include dates.)						
Street address	City	State	ZIP code	From (MM/DD/YY)	To (MM/DD/YY)	
_____	_____	_____	_____	____ / ____ / ____	present	
_____	_____	_____	_____	____ / ____ / ____	____ / ____ / ____	
_____	_____	_____	_____	____ / ____ / ____	____ / ____ / ____	

**Section E: Certification and signature(s)**

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to my application, if I am requested to do so.

_____	____ / ____ / ____	_____	____ / ____ / ____
Applicant’s signature	Date	Signature of parent/legal guardian or spouse (if required)	Date