



# DOMICILE DETERMINATION FORM

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

**All students taking credit classes must complete this portion of the application.**

- Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Full Middle Last (mm) (dd) (yy)
- Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No If %No+, are you a permanent resident? \_\_\_ Yes \_\_\_ No If %es+, what is your % number+? \_\_\_\_\_  
 If %No+, what is your immigration status? \_\_\_\_\_
- Are you on active duty in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No If %es+, is Virginia listed on your Leave and Earnings Statement? \_\_\_ Yes \_\_\_ No  
 Date of Entry: \_\_\_\_ Official Duty Station: \_\_\_\_ Reporting Date: \_\_\_\_ Duration of Orders: \_\_\_\_  
 mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
- Are you the dependent of an active duty member in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 If %es+, is Virginia listed on the Leave and Earnings Statement? \_\_\_ Yes \_\_\_ No  
 Date of Entry: \_\_\_\_ Official Duty Station: \_\_\_\_ Reporting Date: \_\_\_\_ Duration of Orders: \_\_\_\_  
 mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
- Are you retired or discharged from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No If %es+, date of discharge/retirement? \_\_\_\_\_  
 mm/dd/yyyy
- Are you the dependent of someone retired or discharged from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No If %es+, date of discharge/retirement? \_\_\_\_\_  
 mm/dd/yyyy
- For Students Under the Age of 24 (if you are 24 or older, skip to #8)  
 **Parent:** My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.  
 **Legal Guardian:** My court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.  
 **Spouse:** I want to claim eligibility for in-state tuition based on my spouse's domicile.  
 **Self:** I want to claim eligibility based on my own domicile. **If you are under the age of 24, your eligibility WILL be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.**  
 I am a veteran or active duty member of the U.S. Armed Forces.  Both of my parents are deceased and I have no adoptive or legal guardian.  
 I have legal dependents other than my spouse.  I am financially self-sufficient.  
 I am a ward of the court or was a ward of the court until age 18.  I have a bachelor's degree and I am working on a graduate degree.  
 I am married.
- For Students 24 or older  
 **Self:** I want to claim eligibility based on my own domicile.  
 **Spouse:** I want to claim eligibility for in-state tuition based on my spouse's domicile.  
**If you checked Self or Spouse skip question #9.**
- Provide the name of the person upon whom you are basing your domicile: \_\_\_\_\_  
**Use this person's information, to answer the questions below.** (First) (Last) Relationship
- Is the above person a U.S. citizen? \_\_\_ Yes \_\_\_ No If %No+, is he/she a permanent resident? \_\_\_ Yes \_\_\_ No  
 If %es+, what is his/her % number+? \_\_\_\_\_ If %No+, what is his/her immigration status? \_\_\_\_\_
- Is the above person on active duty in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No; If %es+,  
 Is Virginia listed on your Leave and Earnings Statement? \_\_\_ Yes \_\_\_ No  
 Date of Entry: \_\_\_\_ Official Duty Station: \_\_\_\_ Reporting Date: \_\_\_\_ Duration of Orders: \_\_\_\_  
 mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
- Is the above person married to someone active in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No
- Is the above person retired or discharged from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 If %es+, date of discharge/retirement? \_\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_  
 mm/dd/yyyy State
- Is the above person a dependent of someone retired or discharged from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 If %es+, date of discharge/retirement? \_\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_  
 mm/dd/yyyy State
- Has the above person lived in Virginia for the last 12 months? \_\_\_ Yes \_\_\_ No
- For the last year, did the above person (select only one):  
 \_\_\_ file Virginia income taxes on all earned income \_\_\_ was a resident in a state without income tax  
 \_\_\_ file as a resident in another state \_\_\_ had no taxable income  
 \_\_\_ file as a resident in Virginia and as a non-resident in another state
- For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$10,712 of earned income?  
 \_\_\_ Yes \_\_\_ No

**For the last year, has the above person:**  
18. held a Virginia Driver's License or Virginia DMV ID? \_\_\_ Yes \_\_\_ No If %No+, has the above person held a Driver's License or DMV ID to any other state?  
\_\_\_ Yes \_\_\_ No  
19. owned or operated a motor vehicle in Virginia? \_\_\_ Yes \_\_\_ No If %No+, has the above person owned or operated a motor vehicle in any other state?  
\_\_\_ Yes \_\_\_ No  
20. been registered to vote in Virginia? \_\_\_ Yes \_\_\_ No If %No+, has the above person been registered to vote in another state? \_\_\_ Yes \_\_\_ No

**Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent, Legal Guardian or Spouse \_\_\_\_\_ Date \_\_\_\_\_  
*(If under 24 years old)*