**Residency Review**

A student *may be eligible* for resident tuition if the student:

* Has been a resident of Washington State for a minimum of 12 months prior to the start of the quarter
* Has all residency ties to the State of Washington
  + Living in Washington State is not sufficient to prove residency - additional ties to Washington State must be proved
* Is a dependent student whose parent has all residency ties to the State of Washington

The Residency Review must be submitted within 30 calendar days from the start of the quarter. Submissions received after 30 calendar days from the start of the quarter will be reviewed for the next quarter.

**ALL REVIEW APPLICANTS** must:

* Complete the **Residence Questionnaire**
* Provide sufficient **Supporting Documentation** (see next page for examples) to prove a *minimum of 12 months* of legal ties to Washington State as their only state of residence prior to the start of the quarter

Note: The burden of proof is the responsibility of the applicant and a person’s submission of inadequate or erroneous documentation may result in denial of the request.

**Dependent** student:

* Financially dependent on their parent or legal guardian
* More than 50% of their living expenses are provided by the parent or legal guardian
* *Residency for a dependent student is based on the parent or legal guardian’s state of residence*

**Independent** student:

* Financially independent and provides more than 50% of their own living expenses
* *Residency for an independent student is based on the student’s legal state of residence*

The difference in tuition for a resident student versus a non-resident student enrolled in 15 credits at Pierce College Puyallup or Fort Steilacoom is approximately $150 per quarter. You can view tuition costs at [www.pierce.ctc.edu/tuition-fees](file:///C:\Users\tduane\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\411IG7C0\www.pierce.ctc.edu\tuition-fees)

|  |  |
| --- | --- |
| If you have questions, please contact the Admissions office**:** | |
|  | (253) 864-3254 (Puyallup)  (253) 964-6501 (Fort Steilacoom) |
|  | [districtadmissions@pierce.ctc.edu](mailto:districtadmissions@pierce.ctc.edu)  **Submit all documents in-person or by mail to the Admissions Office**  Puyallup: 1601 39th Ave SE, Puyallup, WA 98374  Fort Steilacoom: 9401 Farwest Drive SW, Lakewood, WA 98498 |

|  |
| --- |
|  |

**EXAMPLES OF SUPPORTING DOCUMENTATION**

*DEPENDENT STUDENTS*

* Copy of **your parent’s/legal guardian’s** Washington State Driver’s license or ID.
* Copy of **your parent’s/legal guardian’s** voter registration. This is available at <https://voter.votewa.gov/WhereToVote.aspx>. Once logged in, click on “Voter Registration” on the left side of the page.
* Copy of **your parent’s/legal guardian’s** vehicle registration(s) for ALL vehicles they OWN or USE.
* Copy of **your parent’s/legal guardian’s** most recent W-2 or income tax return (include front page and signature page only). This is available at [www.IRS.gov](file:///\\MDRIVES\Users\FS\TDuane\ADMI%20MISC\residency\www.IRS.gov).
* Proof of **your parent(s)/legal guardian** having lived in the State of Washington continuously for 12 months before the start of the quarter i.e., copy of **your parent’s** Home Purchase Agreement, a lease/rental agreement(s) covering 12 months, a *notarized* letter from a landlord indicating your address and exact dates of housing, etc.
* Proof of **parent(s)/legal guardian** receiving Washington Medicaid, SNAP benefits or TANF.
* Additional documents may also prove parent or legal guardian residency in Washington State. If you have questions, please contact a member of the Admissions team.

*INDEPENDENT STUDENTS*

* Copy of your Washington State Driver’s license or ID.
* Copy of your current voter registration. This is available at <https://voter.votewa.gov/WhereToVote.aspx>. Once logged in, click on “Voter Registration” on the left side of the page.
* Copy of the vehicle registration(s) for ALL vehicles you OWN or USE.
* Copy of your most recent W-2 or your income tax return (include front page and signature page only). This is available at [www.IRS.gov](file:///\\MDRIVES\Users\FS\TDuane\ADMI%20MISC\residency\www.IRS.gov).
* Proof of you having lived in the State of Washington continuously for 12 months before the start of the quarter i.e., copy of **your** Home Purchase Agreement, a lease/rental agreement(s) covering 12 months, a *notarized* letter from a landlord indicating your address and exact dates of housing, etc.
* Proof of receiving Washington Medicaid, SNAP benefits or TANF.
* Additional documents may also prove residency in Washington State. If you have questions, please contact a member of the Admissions team.

**Pierce College District**   **Residence Questionnaire**

**Directions: Fill out form, save as copy, print and return signed form to address above.** Please print clearly and answer each question. Incomplete or illegible forms can not be considered and will be returned. Falsification or intentionally erroneous information is subject to perjury under the laws of the State of Washington, RCW 9A.72.085. All information will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974. *Once a domicile is established in Washington, it must continue for one year before you are eligible for resident tuition.*

# Section 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | Day Phone Number | | FOR OFFICE USE ONLY |
| |  |  |  | | --- | --- | --- | | Last: | First: | MI: | | | | (     ) | | Type |
| Address (Street, State, Zip) | | | Student ID Number | | Status |
|  | | |  | | DEP  INDEP |
| E-mail Address | Birth City, State, Country | | Birth Date Age | Age | Today's Date |
|  |  | |  |  |  |
| 1. Last high school attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Year Graduated \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Effective Date |
| 1. For what term are you now seeking  residence classification? Year 20\_\_\_  Fall  Winter  Spring  Summer  |  |  |  | | --- | --- | --- | | 1. If you have previously applied at this institution for a change in residence status, indicate: | Term: | Year: | | | | | | **Resident**  **Non-Resident** |
| 1. Class Standing:  Undergraduate  Graduate  Professional School: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence Classification Officer |
| 1. At this Institution, you are or will be enrolled as a:  New Student  Continuing Student  Returning Former Student   If continuing or former student, give number of credit hours for which you were registered during each of the last three terms and identify each term by session and year:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Credits | Term | Year | Credits | Term | Year | Credits | Term | Year | | | | | | |
| 1. Country of citizenship: | | 5a. Do you hold permanent or temporary resident immigration status?  Yes  No | | | |
| If not USA, answer 5a, 5b and 5c. | | 5b. Do you hold "Refugee-Parolee," "Conditional Entrant" or PRUCOL status?  Yes  No | | | |
|  | | 5c. Do you hold a visa classification of A, E, G, H-1, I, K, or L?  Yes  No | | | |
| Note: An immigrant refugee, and the spouse and dependent children of such refugee, may be exempted from paying the nonresident tuition fees differential if the refugee (a) is on parole status, (b) has received an immigrant visa, or (c) has applied for U.S. citizenship. | | ***If yes to any of the above, you must attach a copy of both sides of Resident Alien Card, Form I-94, or other documentation. (If you are not a citizen of the United States and do not hold permanent or temporary resident immigration status, "Refugee-Parolee", "Conditional Entrant", PRUCOL status or an A, E, G, H-1, I, K, or L visa, you can not be classified as a resident.)*** | | | |
| 1. Have you received financial assistance from a state governmental unit or agency during the past 12 months?   Yes  No | | **If yes**, indicate state, agency, type of assistance, disbursement dates, etc. | | | |
| 1. Will you be receiving state financial assistance during the next twelve months?   Yes  No | | **If yes**, indicate state, agency, type of assistance, disbursement dates, etc. | | | |

**Section 2**

|  |  |
| --- | --- |
| 1. Are you applying for resident status **as a dependent student** whose parent or court -appointed legal guardian has maintained a bona fide domicile in the State of Washington for at least one year?   Yes  No | ***If yes, your parent or legal guardian must complete SECTION 3 of this form, providing proof of his/her Washington domicile and all requested supporting documentation. Verification of your dependent status must be documented by submitting a true and correct copy of your parent's or legal guardian's state and federal income tax return for the most recent tax year. The extent of the disclosure required concerning the parent's or legal guardian's state and federal tax returns is limited to the listing of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.*** |
| 1. Are you applying for resident status as a financially Independent student?   Yes  No | ***If yes, you must complete Section 3 of this form and provide all requested supporting documentation.*** |
| 2a. ***Student's Sworn Statement:***  I have not been and will not be claimed as an exemption for federal Income tax purposes by any person except myself or my spouse for the current calendar year and for the calendar year immediately prior to the year in which this application is made; and I have not received and will not receive financial assistance in cash or in kind of an amount equal to or greater than that which would qualify me to be claimed as an exemption for income tax purposes by any person except myself or my spouse during the current year and for the calendar year immediately prior to the year in which this application is made.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 2b. ***To further substantiate your financial Independence, you are required to submit appropriate documentation.***   * A true and correct copy of your state and federal income tax return for the calendar year immediately prior to the year in which this application is made. If you did not file a state or federal income tax return because of minimal or no taxable income, documented information concerning the receipt of such nontaxable income must be submitted. * A true and correct copy of your W2 form filed for the previous calendar year. * Other documented financial resources. Such other resources may include but are not limited to, the sale of personal or real property, trust fund, state or financial assistance, gifts, or earnings of the spouse of a married student. * If you are 24 or younger, provide a true and correct copy of the first and signature page of the state and federal tax return of your parents, legally appointed guardians, or person or persons who have legal custody of you for the calendar year immediately prior to the year in which this application is made. The extent of the disclosure required concerning the parent's or legal guardian's state and federal tax returns is limited to the listing of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns. | |
| 3. Are you on active duty military stationed in the state of Washington or the spouse or dependent of such a person?  Yes  No | |
| 1. Did you spend at least 75% of both your junior & senior years in a Washington state high school, *and* did you enroll in college within 6 months of leaving high school, *and* were your parents/legal guardians domiciled in Washington for at least 1 year within the 5-year period before you graduated from high school?  Yes  No | |

Directions: Do not leave any questions blank. No decision can be made unless all questions are completed and all required documentation is submitted.

**Section 3**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. This section is being completed and signed by:   Parent  Legal Guardian  Student | | | | | | Date of your arrival in Washington :   |  |  |  | | --- | --- | --- | | Month: | Day: | Year: | | | | | | | | | Purpose of moving to Washington: | | |
|  | | | | | | Date you took action to officially declare Washington as your permanent, legal domicile:   |  |  |  | | --- | --- | --- | | Month: | Day: | Year: | | | | | | | | |  | | |
| 1. List chronologically your employment and physical residence for the last two years giving exact information as requested below. If you were not employed, list your physical residence for the last two years. Attach additional page if necessary. | | | | | | | | | | | | | | | | |
| **Dates of Employment** | | | | **Location** | | | | | **OCCUPATION** | | | | | | | **hOME aDDRESS** |
| **Mo. Day Yr.** | **Mo. Day Yr.** | | | **City State** | | | | **Employer Hrs/wk** | | | | | | | | **Street City State** |
|  |  | | | |  |  | | --- | --- | |  |  | | | | | |  |  | | --- | --- | |  |  | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  |  | |
|  |  | | | |  |  | | --- | --- | |  |  | | | | | |  |  | | --- | --- | |  |  | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  |  | |
|  |  | | | |  |  | | --- | --- | |  |  | | | | | |  |  | | --- | --- | |  |  | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  |  | |
| Note: You must provide proof of your physical presence in Washington the past 12 months (e.g. copies of rent receipts, lease or home purchase agreements, cancelled rent checks, letter from landlord, letter from employer, etc.).  3. If you were out of Washington during the last 12 months, give dates, and reasons for your absence: | | | | | | | | | | | | | | | | |
| dates of absence | | | | **Location** | | | | | | **purpose of absence** | | | | | | |
| **Mo. Day Yr.** | **Mo. Day Yr.** | | | **City State** | | | | | |  | | | | | | |
|  |  | | | |  |  | | --- | --- | |  |  | | | | | | |  | | | | | | |
|  |  | | | |  |  | | --- | --- | |  |  | | | | | | |  | | | | | | |
| 1. Have you ever registered to vote?   **Yes**   **No** | | ***If yes, attach a copy of your current voter's card.*** | | | **If yes**,list date, city and state for your last two registrations.  Date       City       State       Date Voted  Date       City       State       Date Voted | | | | | | | | | | | |
| 1. Do you own or **use any** motor vehicles, RV’s, boats or mobile homes**?** | | **If yes,** give type of vehicle, license number, state and dates of registry. ***You must attach a copy of vehicle registration (not the title).***   |  |  |  |  | | --- | --- | --- | --- | | Type of vehicle: | License Number: | State: | Date of Registry: | | | | | | | | | | | | | | | |
| **Yes  No** | | |  |  |  |  | | --- | --- | --- | --- | | Type of vehicle: | License Number: | State: | Date of Registry: | | | | | | | | | | | | | | | |
| 1. Do you have a valid driver's license? | | ***If yes, you must attach a copy of your current driver's license.*** | | | | | **If yes,** in what state: | | | | | When did you first obtain a driver's license in that state?  Date | | | | |
| **Yes  No** | | Previous driver's license?  Yes  No | | | | | **If yes,** in what state: | | | | | When did you first obtain a driver's license in that state?  Date | | | | |
| 1. Do you have a bank account?   **Yes  No** | | ***If yes, please attach documentation of date you opened account****.* | | | | | **If yes,** since what date? | | | | | |  |  | | --- | --- | | Name of Bank: | Branch: | | City: | State: | | | | | |
| 1. Have you ever paid in-state tuition at any public institution of higher education?   **Yes  No** | | |  |  | | --- | --- | | **If yes,** date of last term: | | | Name of Institution : | | | Dates Attended: From : | To: | | | | | | | | | | | | 8a. Have you ever attended a Washington college/university for more than 6 hours per term?  Yes  No   |  |  | | --- | --- | | If yes, where: | | | Dates attended From: | To: | | | | |
| 1. Are you a US Citizen?   **Yes  No** | | ***If no, attach a copy of your Resident Alien Card, I-94 or other INS documentation.*** | | | | | | | | | | | | | | |
| 10. List business or professional licenses (name & state of issue) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Additional Comments:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Statement of Intent** | | |  | | | | | | | |  | | | |  | |
| I certify that I have declared Washington as my true, fixed, and permanent place of habitation. | | | Signature of Parent (if completing SECTION 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **CERTIFICATION** | | | **Parent Address (Street, City, State)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| I certify under penalty of perjury under the laws of the State of Washington, RCW 9A.72.085 that the foregoing and all supporting documentation are true and correct. | | | Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |

**AG Form #151 – Revised 9/8/2009– AG Approval 4/19/02. Revised by HECB 6/2009, AG approval 6/10/2009, effective 7/01/2009.**