

## RESIDENCY QUESTIONNAIRE

Before completing this questionnaire, please read this pamphlet carefully and the questionnaire instructions.

Please check the appropriate box or supply the requested information.

1. Check the appropriate box:

a.  This is a request for initial residency classification.

b.  This is a request for a reclassification.

If you are requesting in-state status, it is necessary for you to complete the remainder of this form. Failure to complete the form or failure to supply supporting documentation may result in your classification as out-of-state. Incorrect or false responses may subject you to retroactive reclassification and/or criminal penalties under Montana law.

2. Please supply the required information.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

University Unit \_\_\_\_\_

Quarter or Semester for which  
in-state status sought \_\_\_\_\_

Student ID No. (if any) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Check the appropriate box. In order to check "yes", all items in the statement must apply to you:

a.  yes  no I am a member of the armed forces of the United States assigned to active duty in Montana.

b.  yes  no I am the spouse or dependent child of an individual who is a member of the armed forces of the United States assigned to active duty in Montana.

c.  yes  no I am domiciled in Montana and employed full-time in a permanent job in Montana and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.

d.  yes  no I am the spouse or dependent child of an individual who is domiciled in Montana and employed full-time in a permanent job in Montana and

the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.

- e.  yes  no I am or will be a graduate of a Montana high school, I have or will be registering at a unit of the Montana University System no later than the second fall term following my high school graduation and (a) I attended the Montana high school for my entire senior year, or (b) my parent is employed and resides in Yellowstone National Park.

4. Please supply the required information.

a. High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_  
(Name) (Location)

b. Military Service (if any) \_\_\_\_\_  
(Branch) (Separation Date)

c. If you answered yes to statement 3c or 3d, please give the following information and submit the Employer's Affidavit:

Full-time, permanent employer \_\_\_\_\_  
(Name) (Location)

Date of employment \_\_\_\_\_

Date of offer of employment \_\_\_\_\_

d. State of residency for father \_\_\_\_\_

State of residency for mother \_\_\_\_\_

State of residency for legal guardian, other than father or mother \_\_\_\_\_

e. Has your parent or legal guardian claimed you as a federal income tax exemption?  
 yes  no. If yes, which most recent year? \_\_\_\_\_

f. Will your parent or legal guardian claim you as a federal income tax exemption for the current tax year?  yes  no

g. Do you receive 50% or more of your current financial support from your parent or legal guardian?  yes  no

h. Have you filed a federal individual income tax return?  yes  no. If yes, which most recent year? \_\_\_\_\_

i. Will you file a federal individual income tax return for the current tax year?  yes  no?

- j. Have you filed a state individual income tax return?  yes  no. If yes, which most recent year? \_\_\_\_\_ In what state? \_\_\_\_\_, and as a part-year resident or full-year resident? \_\_\_\_\_
- k. Will you file a state individual income tax return for the current tax year?  yes  no. If yes, in what state? \_\_\_\_\_, and as a part-year resident or full-year resident? \_\_\_\_\_
- l. Do you own a home in Montana?  yes  no. If yes, what is the location? \_\_\_\_\_
- m. Do you own a home in any other state?  yes  no. If yes, what is the location? \_\_\_\_\_
- n. Have you been admitted to a licensed practicing profession in Montana?  yes  no. If yes, what is the name of the profession and the date of admittance? \_\_\_\_\_  
\_\_\_\_\_
- o. Do you possess a driver's license?  yes  no. If yes, from what state and when was the license issued? State \_\_\_\_\_ Date \_\_\_\_\_ Renewal Date \_\_\_\_\_
- p. Do you own or operate a motor vehicle in Montana?  yes  no. If yes, is this vehicle licensed and registered in Montana and what is the date of registration? \_\_\_\_\_
- q. Are you a registered voter?  yes  no. If yes, in what state and what was the date of registration? State \_\_\_\_\_ Date \_\_\_\_\_
- r. Are you a citizen of a country other than the United States?  yes  no.
- s. Are you or will you be present in the United States under a student visa issued under the federal immigration laws?  yes  no.
- t. Do you maintain checking or savings accounts?  yes  no. If yes, in what state or states are these accounts maintained? \_\_\_\_\_
- u. Do you own real property in Montana?  yes  no. If yes, what is the location(s)? \_\_\_\_\_  
\_\_\_\_\_
- v. Do you possess resident hunting or fishing licenses?  yes  no. If yes, from what state and with what date of issue? State \_\_\_\_\_ Date \_\_\_\_\_

5. Please supply the required information.
- What is the beginning date of the 12-month period upon which you base your claim of residency? \_\_\_\_\_
  - What is the act that you took to begin this period? \_\_\_\_\_
  - During the 12-month period identified above, were you absent from the State of Montana for more than a total of 30 days?  yes  no. If yes, please explain the details of this absence. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Please complete the table below. Starting with the date identified in 5a above (the beginning date of your 12-month residency period) through the current time, identify your physical presence in blocks of time. Be sure to also include any periods that you were absent from Montana in excess of 21 days. Attach an additional sheet if necessary.

<u>Dates</u>		Place of Abode	<u>Employment</u>		School Attended
From	To		Firm	Location	

7. Please list all institutions attended and credits taken during the last 12 months.

<u>Dates</u>		Institution Attended	Credits Taken
From	To		

8. Please indicate on the chart below the approximate amount of support that you have received during the 12 months preceding the date of this form:

From Father .....	\$ _____
From Mother .....	\$ _____
From Legal Guardian.....	\$ _____
From Spouse .....	\$ _____
From Scholarship and Grants (List).....	\$ _____
.....	\$ _____
.....	\$ _____
From Loans made to you for.....	\$ _____
your financial support.....	\$ _____
.....	\$ _____
From State Agencies (List) .....	\$ _____
(Example: Vocational Rehab) .....	\$ _____
.....	\$ _____
Self (Earnings) .....	\$ _____
Self (Savings) .....	\$ _____
Other (List) .....	\$ _____
.....	\$ _____
.....	\$ _____

9. Please describe any other factors that you believe may be relevant in determining your residency status. If you need more space, feel free to use additional paper.

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I have received and reviewed the Student Guide to Montana's Residency policy and understand the requirements for eligibility for in-state status.

I hereby give permission to University System personnel reviewing this questionnaire to contact private and public individuals, companies, and agencies, including local and state taxing, election, and motor vehicle authorities, to verify the accuracy of my responses.

I hereby certify that to the best of my knowledge the foregoing responses are true and complete without evasion or misrepresentation.

I understand that if any of my responses are determined to be incorrect or false, I may be subject to retroactive reclassification to the date this questionnaire is signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## TAX EXEMPTION AFFIDAVIT

**TO: The Applicant**

Fill out the spaces below and have the Affidavit on the reverse side filled out by your parent(s) or legal guardian as appropriate. The Affidavit should be returned to the office to which you submitted or will submit your Residency Questionnaire.

**TO: The Taxpayer**

\_\_\_\_\_ has requested in-state status  
(student name)  
at \_\_\_\_\_. One of the factors considered in determining  
(school or program)  
in-state status is whether or not the applicant has been taken as a tax exemption by the applicant's parents or legal guardian. Please complete and have notarized the affidavit on the reverse side and return to \_\_\_\_\_. If you have any questions please call the \_\_\_\_\_ office at \_\_\_\_\_, phone number \_\_\_\_\_. Thank you.

*cut along dotted line*

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## EMPLOYMENT AFFIDAVIT (4c or 4d)

**TO: The Applicant**

Fill out the spaces below and have the Affidavit on the reverse side filled out by the employer. The Affidavit should be returned to the office to which you submitted or will submit your Residency Questionnaire.

**TO: The Employer**

\_\_\_\_\_ has requested in-state status  
(student name)  
at \_\_\_\_\_ based upon the status  
(school or program)  
of \_\_\_\_\_ as an employee of your company  
(employed individual)  
in a full-time permanent job. Please complete and have notarized the Affidavit on the reverse side and return to \_\_\_\_\_. If you have any questions please call the \_\_\_\_\_ office at \_\_\_\_\_, phone number \_\_\_\_\_. Thank you.

**TAX EXEMPTION AFFIDAVIT**

I (We) hereby certify that \_\_\_\_\_

was,  was not taken as a tax exemption on my (our) most recently filed federal tax return for the tax year \_\_\_\_\_, to be filed \_\_\_\_\_,  will,  will not be taken as a tax exemption on my (our) federal tax return for the current tax year, \_\_\_\_\_, to be filed \_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

*cut along dotted line*



**EMPLOYMENT AFFIDAVIT (4c or 4d)**

I hereby certify that \_\_\_\_\_ is employed by \_\_\_\_\_, located at \_\_\_\_\_ in a full-time permanent (year-round) job. This employment was applied for on \_\_\_\_\_, was offered on \_\_\_\_\_, and actually began on \_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_