

Last Name: _____ First Name: _____ Birthdate: _____ UMES ID: _____

RESIDENCY INFORMATION

Do you wish to be considered for in-state tuition status? Yes No (If yes, you must complete this section of the application.)

READ CAREFULLY: APPLICANTS SEEKING **IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THIS ENTIRE FORM, INCLUDING ALL THE FOLLOWING QUESTIONS, AND SIGN THE AFFIRMATION AT THE END OF THIS FORM. Failure to complete all of the required items may result in an out-of-state resident classification and out-of-state tuition rates being applied. Residency classification information is evaluated in accordance with the University System of Maryland Policy on Student Classification for Admission and Tuition Purposes. The applicant may be contacted for clarification of an item, or for additional information as necessary.**

PLEASE CHECK ONE:

I am financially independent. I provide 50% or more of my own living and educational expenses and I have not been claimed as a dependent on another person's most recent income tax return.

I have been claimed as a dependent on another person's most recent income tax returns.

Name of person upon whom financially dependent and relationship to applicant: _____

a. How long have you been dependent upon this person? _____

b. Is the person a resident of Maryland? Yes No

c. Address of this person: _____

d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? Yes No

If a Maryland tax return has not been filed within the last 12 months, provide most recent year filed in Maryland: _____ and state reason(s) for not filing within the last 12 months: _____

e. Signature of the person who filed the return: _____

I am financially dependent but not claimed as a dependent on anyone's most recent income tax returns. Name of person who provides applicant with financial support for more than 50% of applicant's living and educational expenses, and relationship to applicant: _____

a. How long has this person been providing such financial support? _____

b. Is the person a resident of Maryland? Yes No

c. Address of this person: _____

d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? Yes No

If a Maryland tax return has not been filed within the last 12 months, provide most recent year filed in Maryland: _____ and state reason(s) for not filing within the last 12 months: _____

If a Maryland tax return has been filed within the last 12 months, state reason(s) you are not claimed as a dependent: _____

e. Signature of this person: _____

I am a ward of the State of Maryland. If a ward of the State, please submit your court decree or documentation from your social worker.

PLEASE COMPLETE THE FOLLOWING: The Student Applicant is responsible for completing items 1 - 9.

<p>1. Permanent address: _____ Length of time at permanent address ____ years ____ months If less than 12 consecutive months, provide previous address: _____ _____ Length of time at previous address ____ years ____ months</p>		
<p>2. Have you resided in Maryland continuously for the past 12 consecutive months?</p> <p>a. If yes, were you residing here primarily to attend an educational institution in Maryland? (Attending a Maryland high school while your parent/guardian live(s) in this state does <i>not</i> apply here.)</p> <p>b. If not, what was the reason? (For example, you might say you attended an educational institution out of state.)</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>3. For the past 12 consecutive months, have you had the legal ability to remain in Maryland indefinitely?</p> <p>a. If yes, are you a US citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. If you are not a US citizen, please describe the legal status you have that allows you to remain in Maryland indefinitely.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>4. Is all, or substantially all, of your personal property, such as household effects, furniture, and pets, in Maryland?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>5. Do you possess a valid driver's license?</p> <p>a. If yes, in what state(s)? _____</p> <p>b. If Maryland, original date of issue _____ and if renewed, issue date of current license: _____ (Note: this will not be a future date.)</p> <p>c. Have you possessed a driver's license from a state <u>other than</u> Maryland within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what state? _____</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Do you own/lease any motor vehicles (one that has your name on the registration)? a. If yes, in what state(s)? _____ b. If Maryland, original date(s) of registration _____ OR if renewed, issue date of current registration. _____ (Note: this will not be a future date.) c. Did you register your vehicle(s) in another state within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what state? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are you registered to vote? If yes, in what state? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have you filed a Maryland state income tax return for the most recent year? If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you receive any public assistance from a state or local agency other than one in Maryland? If yes, indicate type and issuing state: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF ANY OF THE EXEMPTIONS BELOW APPLY, SPECIFIC DOCUMENTATION WILL BE REQUIRED TO CONFIRM THE APPROVAL OF THE EXEMPTION. PLEASE FOLLOW THE SPECIFIC INSTRUCTIONS FOLLOWING THE EXEMPTION.

- I am a part-time (50%) or full-time regular employee of the University System of Maryland or I am the spouse of, or am financially dependent upon, a parent or legal guardian who is a regular employee of the University System of Maryland. Please indicate relationship to full-time regular employee: _____
Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.
- I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person. Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military _____
- I am a veteran of the United States Armed Forces residing or domiciled in Maryland. Please submit a copy of your DD214 and a copy of your deed or lease. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.
- I am the spouse or child of a veteran or active duty member of the United States Armed Forces using educational benefits who lives in Maryland and (1) Is using transferred Post-9/11 G.I. Bill® benefits (38 U.S.C. §3319) and enrolls after the transferor's discharge or release from a period of at least 90 days of service in the active military, naval or air service; or (2) Is using transferred Post-9/11 G.I. Bill® benefits (38 U.S.C. §3319) and the transferor is a member of the uniformed services who is serving on active duty; or (3) Is using benefits under the Marine Gunnery Sergeant John David Fry Scholarship (38 U.S.C. §3311(b)(9)); or (4) Is using benefits through the Survivors' and Dependents' Educational Assistance Program (DEA) (38 U.S.C. chapter 35); or (5) Is entitled to rehabilitation under 38 U.S.C. §3102(a). Please submit a copy of (1) the veteran's DD214 or the active duty member's Current Orders, (2) a copy of your Certificate of Eligibility, and (3) a copy of your deed or lease.
- I am eligible for in-state status consideration under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.
- I completed all service hours in an AmeriCorps Program in Maryland, OR I completed a service program under the Maryland Corps Program, pursuant to Title 9, subtitle 28 of the State Government Article, Annotated Code of Maryland, as provided in § 15-106.9 of the Education Article, Annotated Code of Maryland. Please provide evidence to support meeting this exception.
- I have been certified by the Director of the Peace Corps as having served satisfactorily as a Peace Corps volunteer and am domiciled in Maryland, as provided in § 15-106.11 of the Education Article, Annotated Code of Maryland. Please provide evidence to support meeting this exception.
- I meet all the criteria in § 15-106.8 of the Education Article, Annotated Code of Maryland ("[Maryland Dream Act](#)"). Please provide evidence to support meeting this exception.
- I am a member of the U.S. Foreign Service on active duty for a period of more than 30 days and my domicile or permanent duty station is in Maryland, OR I am the spouse or dependent of such a person. (Note: Members and their spouses and dependents who qualify for in-state status will continue to hold in-state status while continuously enrolled at the institution, notwithstanding a subsequent change in the permanent duty station of the member to a location outside Maryland.) Please provide evidence to support meeting this exception.
- I am a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau. Please provide evidence to support meeting this exception.

PLEASE SIGN THE FOLLOWING AFFIRMATION:

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

Signature of Applicant

Date

If the applicant is under 18, a signature of a parent or guardian is also required:

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian: _____