

UMES RESIDENCY INFORMATION FORM

Submit the completed petition and all supporting documentation to the following address:

UMES Residency Petition Committee
c/o Office of the Registrar 1 Backbone Road
Student Development Ctr., Ste.
1120 Princess Anne, MD 21853

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 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 VIII-2.70 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.

STEP I: FINANCIAL INFORMATION

1. In the past 12 months, have you earned any taxable income (in any state)? YES NO

a. If YES, did you file an income tax return for the most recent year? YES NO

b. If YES, in which state did you file your income tax return(s)? _____

c. If NO, please explain why an income tax return was not filed:

2. Were you claimed as a dependent on another person's most recent income tax returns? YES NO

NO - If no, please provide an explanation: _____

YES - If yes, please also provide the following information:

a. Name of person claiming you on their tax returns: _____

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

c. Address of this person:

Street Address	City	State	Zip Code
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d. Has this person filed a state income tax return in Maryland for the most recent year on all earned taxable income? Yes No

If no, provide the 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: _____

3. Do you receive 50% or more of your educational and living expenses from someone who does not claim you as a dependent on taxes? Yes No

- a. Name of person: _____
- b. Is the person a resident of Maryland? Yes No
- c. Address of person: _____
Street Address City State Zip Code

d. Signature of this person: _____

4. Are you a ward of the State of Maryland? (check yes only if the State of Maryland is your legal guardian) YES NO If you are a ward of the State, please submit your court decree or documentation from your social worker.

STEP II: RESIDENCY INFORMATION

1. Do you currently reside in Maryland? YES NO

- a. If yes, have you resided in Maryland for the past 12 months or more? YES NO
 If no, provide an explanation: _____
- b. If yes, are you residing in Maryland primarily to attend an educational institution? (*For example, if you are moving or have moved to Maryland to attend college, check yes; however, if you live with your parents or guardians in Maryland, check no.*) YES NO
 If yes, provide an explanation: _____
- c. If yes, is your personal property in Maryland? (for example, your pets, household items, and furniture) YES NO
 If no, provide an explanation: _____

2. What is your permanent address? (Where are your primary living quarters?)

 Street Address City State Zip Code

- a. Have you lived at this address for the past 12 months (or more)? YES NO
- b. If no, please list all addresses where you have resided in the past 12 months:

 Street Address City State Zip Code

Dates at that address: _____ - _____

 Street Address City State Zip Code

Dates at that address: _____ - _____

3. Are you a United States Citizen? YES NO

a. If yes, have you been a United States Citizen for at least the past 12 months (or more)?

YES NO

b. If no, please select from the drop-down menu the status that allows you to remain in the United States (and Maryland) indefinitely.

x Permanent Resident (#: _____ Issue date: mm/dd/yyyy-expiration date: mm/dd/yyyy)

x A visa (#: _____) Issue date (mm/dd/yyyy) __/__/____ expiration date __/__/____

x C visa (#: _____) Issue date (mm/dd/yyyy) __/__/____ expiration date __/__/____

x G visa (#: _____) Issue date (mm/dd/yyyy) __/__/____ expiration date __/__/____

x H visa (#: _____) Issue date (mm/dd/yyyy) __/__/____ expiration date __/__/____

x Other (type and #: _____) Issue date __/__/____ expiration date __/__/____

4. In the past 12 months, have you held any driver's license? YES NO

If yes, please list the state and date of issue for each driver's license you have held in the past 12 months: (Your date of issue is the date you were first licensed, not the date of a renewal.)

State: _____ Date of Issue (mm/yyyy): __/____

Date of most recent renewal (mm/dd/yyyy): __/__/____

State: _____ Date of Issue (mm/yyyy): __/____

expiration date __/__/____

5. In the past 12 months, have you owned or leased a motor vehicle (any vehicle registered in your name during this time)? YES NO

If yes, please list the state where the vehicle is registered and the date it was registered in that state. Only list vehicles that have been registered in your name during the past 12 months:

State: _____ Date Registered (mm/yyyy): _____

Date of most recent renewal (mm/yyyy): _____

6. Do you receive any public assistance from a state or local agency other than one in Maryland?

(Public assistance does not include any federal public assistance or a benefit such as unemployment.)

YES NO

If yes, indicate issuing state(s): _____ and indicate the type(s) _____.

STEP III: EXEMPTIONS

IF ANY EXEMPTION BELOW APPLIES, SPECIFIC DOCUMENTATION WILL BE REQUIRED TO CONFIRM THE APPLICABILITY OF THE EXEMPTION. Additional documentation may be requested if you are offered admission to the university. Terms used below are defined in USM VIII-2.70 POLICY ON STUDENT CLASSIFICATION FOR ADMISSION AND TUITION PURPOSES. Please do not send documentation until requested.

- I am a part-time (at least 50%) or full-time regular employee of the University System of Maryland (USM) or a USM institution, or I am the spouse of a regular employee of the USM or a USM institution, or I am financially dependent upon a parent or legal guardian who is a regular employee of the USM or a USM institution.
- I am a graduate assistant appointed through a USM institution.
- I am a full-time public school teacher in the first year of employment by a Maryland local education agency, I live in Maryland, and I meet the criteria for a residency waiver in § 15-106.2 of the Education Article, Annotated Code of Maryland.
- I am the “eligible dependent” of a Maryland public safety employee, under § 18-601 of the Education Article, Annotated Code of Maryland, and I am eligible for the Edward T. and Mary A. Conroy and Joan B. Cryor Scholarship.
- I am the Spouse or Child of a State or Local Public Safety Employee (as defined in § 18-601 of the Education Article, Annotated Code of Maryland) who died as a result of or in the performance of duties.
- I am an Active Service member, or the spouse or financially dependent child of an Active Service member, who is stationed in Maryland, currently residing in Maryland, or domiciled in Maryland.
- I am an honorably discharged veteran residing or domiciled in Maryland.
- I am a Veteran currently living in Maryland who was discharged from a period of at least 90 days of service, and I am pursuing a course of education with educational assistance under the Montgomery G.I. Bill® (38 U.S.C. Ch. 30) or the Post-9/11 G.I. Bill® (38 U.S.C. Ch. 33).
- I am currently living in Maryland and:
 - A. I am using transferred Post-9/11 G.I. Bill® benefits (38 U.S.C. § 3319) and enrolling 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
 - B. I am 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
 - C. I am using benefits under the Marine Gunnery Sergeant John David Fry Scholarship (38 U.S.C. § 3311(b)(9)); OR
 - D. I am using benefits through the Survivors’ and Dependents’ Educational Assistance Program (DEA) (38 U.S.C. chapter 35); OR

