



RESIDENCY CERTIFICATION FORM

Residency Officer
P.O. Box 1467
Greenwood, SC 29648-1467

1. Name of Applicant: (Last Name) (First Name) (MI)

2. Social Security #: Telephone: (Home) (Work)

ITEMS 3 - 6 TO BE COMPLETED ONLY IF YOU ARE AN INDEPENDENT PERSON: An independent person is one who provides more than half of his or her own support for the twelve months immediately preceding the term of enrollment or re-enrollment and is not claimed as a dependent or exemption on someone else's federal income tax return the year of enrollment or re-enrollment.

3. How long have you been a legal resident of South Carolina? From (month/year) To (month/year)

4. Have you ever been considered a resident of another state for any reason since you have been a legal resident of South Carolina? Yes No If so, gives dates you were considered a resident of another state: From (month/year) To (month/year)

5. Please provide addresses that you have physically resided for the past two years. From - To (month/year) Address County City/State/Zip Code

6. Please provide employment history for the past two years: (If none, state "none") From - To (month/year) Employer City/State/Zip Code Full-time or Part-time

ITEMS 7-13 TO BE COMPLETED ONLY IF YOU ARE A DEPENDENT PERSON: A dependent person is one who does not provide more than half of his or her own support the twelve months immediately prior to enrollment or re-enrollment, and/or one who is claimed as a dependent or exemption on someone else's federal tax return the year of enrollment or re-enrollment.

7. Name of person who claimed you as a dependent or exemption on last year's federal income tax return (or who has Legal custody of you): _____ Relationship: _____
 If the person has legal custody of you, give date legal custody was granted: _____

8. Citizenship of person named in Item #7: U.S. Citizen _____ Non-U.S. Citizen, Permanent Resident _____
 Date residency granted: _____ Other (give visa type): _____
 (If person is not a U.S. citizen, attach an official document verifying the person's immigrant status.)

9. How long has person named in Item #7 been a legal resident of South Carolina?
 _____ years From (mo/yr) _____ To (mo/yr) _____

10. Addresses where person named in Item #7 has physically resided the past two years:

From (mo/yr) – To (mo/yr)	Address	County	City/State/Zip
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11. Employment of person named in Item #7 for the past two years.

From (mo/yr) – To (mo/yr)	Employer	City/State/Zip	Full time or Part-time
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12. Did the person in Item #7 claim you as a dependent or exemption on his or her last year's federal income tax return?
 Yes _____ No _____

13. Will you be claimed as a dependent or exemption on the current year's federal income tax return of the person named in Item #7?
 Yes _____ No _____

PROOF OF RESIDENCY REQUIREMENTS

All items requested must show a twelve-month residency period immediately before the date that classes begin for the semester in which resident status is claimed. If the date is after the start of class, residency will be approved the following semester.

1. A valid South Carolina driver's license, or if a non-driver, a South Carolina Identification Card.
2. Establishment of a valid South Carolina domicile. One of the following must be submitted.
 - ❖ Ownership of principle residence in South Carolina (mortgage agreement on property showing date South Carolina domicile was claimed)
 - ❖ A valid lease (copy from the apartment manager's office)
3. One of the following must be submitted.
 - ❖ A valid South Carolina Voter Registration Card
 - ❖ A valid South Carolina Vehicle Registration Card
 - ❖ A statement of full-time employment from the Human Resources Office at your company, with date of hire
 - ❖ A utility bill for a valid South Carolina residence
 - ❖ Payment of South Carolina income taxes as a resident during the past tax year

CERTIFICATION OF APPLICANT: I certify that all the information given is true and accurate. I understand that if I provide erroneous information in an attempt to evade payment of out-of- county/out-of-state/international fees, I will be charged a penalty and charged retroactively the difference between what I paid and what I should have paid. I also understand that I may be subject to administrative, civil, and financial penalties.

Signature of Applicant

Date

Classification:

In-county

County

In-state, Out of County

International

Signature of Piedmont Technical College Official

Date