

# RESIDENCY QUESTIONNAIRE

This questionnaire is used to seek in-state residency status at an institution within the Montana University System. To view Montana's residency policy please visit <http://www.mus.edu/borpol/bor900/940-1.pdf>. You must turn in this questionnaire by the deadline set by the campus you plan to attend. Check with the campus to be sure you have the right deadline for the right academic term.

Please print clearly. Attach all required documentation. After submitting the questionnaire, additional documents may be requested from you or your parent or guardian. Failure to complete the form or to supply supporting documentation may result in the denial of your request to be considered an in-state student.

You may be subject to reclassification and/or criminal penalties under the laws of Montana if you submit false or incorrect information.

1. Please supply the required general information for the student.

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

Current Home Address \_\_\_\_\_

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

University Campus or Program \_\_\_\_\_

Semester/Academic Year for which in-state status is sought \_\_\_\_\_

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

Email Address \_\_\_\_\_

High School Attended \_\_\_\_\_

Date of Graduation or Completion of HiSet/GED/Equivalent Credential \_\_\_\_\_

Location of High School (City, State) \_\_\_\_\_

2. Please complete this section regarding financial support for the student.

a. Name of parent(s) or legal guardian(s) \_\_\_\_\_

State(s) of residency \_\_\_\_\_

b. Has your parent or legal guardian claimed you as a federal income tax exemption? Yes No

If yes, what is the most recent year? \_\_\_\_\_

- c. Will your parent or legal guardian claim you as a federal income tax exemption for the current tax year? Yes No

If yes, please submit the tax exemption affidavit.

- d. Do you receive 50% or more of your current financial support from your parent or legal guardian? Yes No

3. Check the appropriate box. Only check yes if each part of the statement applies you:

- a. I am a service member of the United States assigned to active duty in Montana.  
Yes No

- b. I am the spouse or dependent child of a service member of the United State assigned to active duty in Montana.  
Yes No

- c. I am a Montana National Guard member in good standing.  
Yes No

- d. I am the spouse or dependent child of a Montana National Guard member in good standing.  
Yes No

- e. I am a service member or veteran who is a “covered individual” as defined by [38 U.S.C. § 3679\(c\)](#).  
Yes No

- f. I am the spouse or dependent child of a service member or veteran who is a “covered individual” as defined by [38 U.S.C. § 3679\(c\)](#).  
Yes No

- g. I am domiciled in Montana and employed full-time (30+ hours/week, 120+ hours/month) in a job in Montana, and the primary purpose for my coming to Montana was not the education of myself, my spouse, or my dependent children.  
Yes No

If yes, please submit the employment affidavit.

h. I am the spouse or dependent child of an individual who is domiciled in Montana and employed full-time (30+ hours/week, 120+ hours/month) in a job in Montana, and the primary purpose for their coming to Montana was not the education of myself, my spouse, or my parent.

Yes No

If yes, please submit the employment affidavit.

i. I am or will be a graduate of a Montana high school, I have or will be registering at a campus of the Montana University System no later than the fourth 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.

Yes No

4. Please supply the required information.

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

b. If you answered yes to statement 3g or 3h, please give the following information and submit the employment affidavit:

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

Date employment began \_\_\_\_\_

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

Hours worked per week or month \_\_\_\_\_

c. Have you filed a federal income tax return? Yes No

If yes, what is the most recent year? \_\_\_\_\_

d. Will you file a federal income tax return for the current tax year?

Yes No

If no, please explain \_\_\_\_\_

e. Have you filed a state income tax return?

Yes    No

If yes, what is the most recent year? \_\_\_\_\_

As a part-year resident or full-year resident? \_\_\_\_\_

If no, please explain reason you were exempt from filing:

f. Will you file a state income tax return for the current tax year?

Yes    No

If yes, in what state? \_\_\_\_\_

As a part-year resident or full-year resident? \_\_\_\_\_

If no, please explain reason you were exempt from filing:

g. Do you own a home in Montana?

Yes    No

If yes, what is the address of the home? \_\_\_\_\_

If yes, please attach a copy of your deed.

h. Do you own real property (other than a home) in Montana?

Yes    No

If yes, what is the location(s)?

i. Do you own a home in any other state?

Yes No

If yes, what is the address of the home? \_\_\_\_\_

j. Have you been admitted to a licensed practicing profession in Montana?

Yes No

If yes, what is the name of the profession? \_\_\_\_\_

If yes, what is the date of admittance? \_\_\_\_\_

If yes, attach documentation.

k. Do you possess a driver's license or state ID?

Yes No

If yes, from what state? \_\_\_\_\_

If yes, is this a renewal of an earlier license or state ID? Yes No

Current issue date, if different \_\_\_\_\_

If yes, attach a copy of your current driver's license or state ID.

l. Do you own or operate a motor vehicle in Montana? Yes No

If yes, is this vehicle registered in Montana? Yes No

If yes, is this a renewal of an earlier registration? Yes No

Current date of registration in MT, if different \_\_\_\_\_

If yes, attach a copy of your registration.

If you operate a vehicle in Montana that is not registered in the state of Montana, please explain

m. Are you a registered voter? Yes No

If yes, in what state? \_\_\_\_\_

What was the date of registration? \_\_\_\_\_

If yes, provide a copy of your voter registration.

n. Are you a United States citizen? Yes No

If no, please list type of visa and authorization date: \_\_\_\_\_

If no, attach documentation.

5. Please supply the required information.

a. What is the date of your arrival in Montana? \_\_\_\_\_ (Month, Day, Year)

b. What was your purpose for moving to Montana?

c. What date did you declare Montana as your domicile and cut all legal ties to prior domiciles? \_\_\_\_\_ (Month, Day, Year)

d. What action did you take on this date?

6. Please complete below. List chronologically your physical residence(s) for the 12 months before the term for which residency is sought. Attach an additional sheet if necessary.

**Residence 1**

Dates of Housing (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Home Address (Street, City, State): \_\_\_\_\_

**Residence 2**

Dates of Housing (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Home Address (Street, City, State): \_\_\_\_\_

**Residence 3**

Dates of Housing (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Home Address (Street, City, State): \_\_\_\_\_

**Residence 4**

Dates of Housing (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Home Address (Street, City, State): \_\_\_\_\_

7. Please complete below. List chronologically your employment for the 12 months before the term for which residency is sought. Attach an additional sheet if necessary.

**Employment 1**

Dates of Employment (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_

Location (of employment)\_\_\_\_\_

Job Title\_\_\_\_\_

Hours Worked (per week or month)\_\_\_\_\_

**Employment 2**

Dates of Employment (Month, Day, Year): From\_\_\_\_\_ To\_\_\_\_\_

Employer\_\_\_\_\_

Location (of employment)\_\_\_\_\_

Job Title\_\_\_\_\_

Hours Worked (per week or month)\_\_\_\_\_

**Employment 3**

Dates of Employment (Month, Day, Year): From\_\_\_\_\_ To\_\_\_\_\_

Employer\_\_\_\_\_

Location (of employment)\_\_\_\_\_

Job Title\_\_\_\_\_

Hours Worked (per week or month)\_\_\_\_\_

**Employment 4**

Dates of Employment (Month, Day, Year): From\_\_\_\_\_ To\_\_\_\_\_

Employer\_\_\_\_\_

Location (of employment)\_\_\_\_\_

Job Title\_\_\_\_\_

Hours Worked (per week or month)\_\_\_\_\_



8. Please list any absences from Montana of one week or more for the 12 months before the term for which residency is sought. Attach an additional sheet if necessary.

**Absence 1**

Dates (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Place(s) visited (City, State) \_\_\_\_\_

Purpose of the visit \_\_\_\_\_

**Absence 2**

Dates (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Place(s) visited (City, State) \_\_\_\_\_

Purpose of the visit \_\_\_\_\_

**Absence 3**

Dates (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Place(s) visited (City, State) \_\_\_\_\_

Purpose of the visit \_\_\_\_\_

**Absence 4**

Dates (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Place(s) visited (City, State) \_\_\_\_\_

Purpose of the visit \_\_\_\_\_

9. Please list all institutions attended and credits taken for the 12 months before the term for which residency is sought. Attach an additional sheet if necessary.

**Institution 1**

Dates (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Institution Attended \_\_\_\_\_

Credits Taken \_\_\_\_\_

**Institution 2**

Dates (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Institution Attended \_\_\_\_\_

Credits Taken \_\_\_\_\_

**Institution 3**

Dates (Month, Day, Year): From \_\_\_\_\_ To \_\_\_\_\_

Institution Attended \_\_\_\_\_

Credits Taken \_\_\_\_\_

10. Please indicate in the table below the sources and approximate amount of financial support the student received during the most recent 12 months before the term for which residency is sought. This information is used to determine whether a student is financially dependent or independent. You may be required to submit verification documentation.

SOURCE	AMOUNT
From Parent(s) _____	\$ _____
_____	\$ _____
From Legal Guardian _____	\$ _____
From Spouse _____	\$ _____
From Scholarships/Grants (List)	
_____	\$ _____

_____	\$ _____
From Financial Aid (List)	
_____	\$ _____
_____	\$ _____
From Loans Obtained with the Student's Own Credit, without a Cosigner (List)	
_____	\$ _____
_____	\$ _____
From Loans Obtained with a Cosigner (List)	
_____	\$ _____
_____	\$ _____
From Loans or Gifts from Relatives (Other than Parents), Associates, or Friends (List)	
_____	\$ _____
_____	\$ _____
From State Agencies (List) (Examples: Unemployment, Vocational Rehab, etc.)	
_____	\$ _____
_____	\$ _____
Self Earnings (Federal & State wages/W2s)	
_____	\$ _____
Self Savings	\$ _____
Other (List)	
_____	\$ _____
_____	\$ _____

11. Please describe all other factors that you believe may be relevant in determining your residency status. (If more space is needed, use an additional sheet of paper.)

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

Initials\_\_\_\_\_

I 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.

Initials\_\_\_\_\_

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

Initials\_\_\_\_\_

I understand that if any of my responses are determined to be incorrect or false, I may be subject to retroactive reclassification and/or criminal penalties under the laws of Montana.

Initials\_\_\_\_\_

Date\_\_\_\_\_ Signature\_\_\_\_\_

# TAX EXEMPTION AFFIDAVIT

This form should be completed by the student's parent/guardian. The affidavit must be witnessed and notarized by a notary public. The affidavit must be submitted along with the student's Residency Questionnaire and supporting documentation.

I hereby certify that \_\_\_\_\_ was or was not  
(Name of Student)

taken as a tax exemption on my most recently filed federal and state tax return for the tax year \_\_\_\_\_, filed on \_\_\_\_\_ and he/she will or will not be taken as a tax exemption on my federal and state tax return for the coming tax year \_\_\_\_\_, to be filed on \_\_\_\_\_.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Relation to student

\_\_\_\_\_  
Date

## Notarial Certificate

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was signed or acknowledged before me on \_\_\_\_\_ (Date)

by \_\_\_\_\_ (Print name of signer(s))

\_\_\_\_\_  
Notary Signature

Affix seal/stamp as close to signature as possible

# EMPLOYMENT AFFIDAVIT (3G OR 3H)

This form should be completed by the student's current employer or by the current employer of the student's spouse or parent/guardian. The affidavit must be witnessed and notarized by a notary public. The affidavit must be submitted along with the student's Residency Questionnaire and supporting documentation.

I hereby certify that \_\_\_\_\_ is currently employed by  
(Name of Employed Individual)

\_\_\_\_\_, located at \_\_\_\_\_  
(Name of Employer) (Place of Employment)

In a full-time (30+ hours/week or 120+ hours/month) year-round job. This employment was applied for on \_\_\_\_\_, was offered on \_\_\_\_\_,  
(Date) (Date)

and actually began on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Name of Employer Representative (Printed)

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

## Notarial Certificate

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was signed or acknowledged before me on \_\_\_\_\_ (Date)

by \_\_\_\_\_ (Print name of signer(s))

\_\_\_\_\_  
Notary Signature

Affix seal/stamp as close to signature as possible

# SUPPLEMENTAL PARENT/GUARDIAN RESIDENCY QUESTIONNAIRE

This supplemental form accompanies the Residency Questionnaire used to seek in-state residency status at an institution within the Montana University System. If a student was claimed on a parent/guardian's latest tax return, will be claimed on the tax return for the current year, and/or receives more than 50% of the student's financial support from the parent/guardian, the parent/guardian must fill out this form.

Please print clearly. Attach all required documentation. The supplemental questionnaire must be submitted along with the student's Residency Questionnaire and supporting documentation. Failure to complete the form or to supply supporting documentation may result in the denial of the student's request to be considered an in-state student.

You may be subject to reclassification and/or criminal penalties under the laws of Montana if you submit false or incorrect information.

Please supply the required information:

a. Student name \_\_\_\_\_ Relation to student \_\_\_\_\_

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

c. If the student answered yes to statement 3h, please give the following information and submit the employment affidavit:

Full-time employer \_\_\_\_\_

Location of employment \_\_\_\_\_

Date employment began \_\_\_\_\_

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

Hours worked per week or month \_\_\_\_\_

d. Have you filed a federal income tax return? Yes No

If yes, which is the most recent year? \_\_\_\_\_

e. Will you file a federal income tax return for the current year? Yes No

If no please explain: \_\_\_\_\_

- f. Have you filed a state income tax return? Yes No

If yes, which is the most recent year? \_\_\_\_\_

In what state? \_\_\_\_\_

As a part-year resident or full-year resident? \_\_\_\_\_

In no please explain reason you were exempt from filing:

\_\_\_\_\_

- g. Will you file a state income tax return for the current year? Yes No

If yes, in what state? \_\_\_\_\_

As a part-year resident or full-year resident? \_\_\_\_\_

If no, please explain reason you were exempt from filing:

\_\_\_\_\_

- h. Do you own a home in Montana? Yes No

If yes, what is the address of the home? \_\_\_\_\_

If yes, please attach a copy of your deed.

- i. Do you own real property (other than a home) in Montana? Yes No

If yes, what is the location(s)?

\_\_\_\_\_

- j. Do you own a home in any other state? Yes No

If yes, what is the address of the home? \_\_\_\_\_

- k. Have you been admitted to a licensed practicing profession in Montana?  
Yes No

If yes, what is the name of the profession? \_\_\_\_\_



If yes, what is the date of admittance? \_\_\_\_\_

If yes, attach documentation.

- l. Do you possess a driver's license or state ID? Yes No

If yes, from what state? \_\_\_\_\_

If yes, is this a renewal of an earlier license or state ID? Yes No

When was the license or state ID originally issued? \_\_\_\_\_

Current Issue Date, if different \_\_\_\_\_

If yes, attach a copy of your current driver's license or state ID.

- m. Do you own or operate a motor vehicle in Montana? Yes No

If yes, is this vehicle licensed and registered in Montana? Yes No

If yes, is this a renewal of an earlier registration? Yes No

When was the vehicle first registered in Montana? \_\_\_\_\_

Current Date of Registration in MT, if different \_\_\_\_\_

If yes, attach a copy of your registration.

If you operate a vehicle in Montana that is not registered in the state of Montana, please explain:

- n. Are you a registered voter? Yes No

If yes, in what state? \_\_\_\_\_

What was the date of registration? \_\_\_\_\_

If yes, provide a copy of your registration.

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

Initials\_\_\_\_\_

I 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.

Initials\_\_\_\_\_

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

Initials\_\_\_\_\_

I understand that if any of my responses are determined to be incorrect or false, the student may be subject to retroactive reclassification, and I may be subject to criminal penalties under the laws of Montana.

Initials\_\_\_\_\_

Date\_\_\_\_\_ Signature\_\_\_\_\_

# AFFIDAVIT OF INTENT TO ESTABLISH RESIDENCY

This form should be completed by the student. The affidavit must be witnessed and notarized by a notary public. The affidavit must be submitted along with the student's Residency Questionnaire and supporting documentation. Submitting an affidavit of intent does not guarantee resident classification.

I, \_\_\_\_\_, hereby certify that I am currently residing in Montana  
(Name of Student)

at \_\_\_\_\_. I intend to continue to reside in Montana,  
(Street Address, City)

and I intend to establish Montana as my permanent place of domicile.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

## Notarial Certificate

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was signed or acknowledged before me on \_\_\_\_\_ (Date)

by \_\_\_\_\_ (Print name of signer(s))

\_\_\_\_\_  
Notary Signature

Affix seal/stamp as close to signature as possible