

## **DEPENDENT RESIDENCY FORM**

The purpose of this form is to provide residency information that was not completed on the Application for Admission. If your residency classification has been determined as out-of-state due to less than 12 months residency in South Carolina on all documentation or if you are a continuing student, complete the Dependent Residency Reclassification Application or contact the Residency Coordinator at <u>residency@tcl.edu</u>. Additional information about residency requirements, based on SC Statute 59-112-100, may be found online at www.che.sc.gov.

A "dependent person" is defined as one whose predominant source of income or support is from payments from a parent/spouse/guardian who claims the dependent person on his/her Federal income tax returns. Your residency claim will be based upon that person's information.

STUDENTS HAVE ONE ATTEMPT TO COMPLETE THIS FORM ENTIRELY. INCOMPLETE INFORMATION WILL BE ASSESSED AS OUT-OF-STATE.

## STUDENT/APPLICANT INFORMATION

First Name:	Last Name:	Term applying for:	
Student ID No:		Date of Birth (mm/dd/yy): //	<u> </u>
Are you licensed to drive? 🗖	Yes 📮 No 🛛 If no, do you have a State I	ssued Identification Card? 🗖 Yes 📮 No	
State: Issue Date:	//	erred from another state D First Issued	
With whom do you reside? 🗆	Self 🛛 Both Parents 🖵 Father 🖵 Motl	ner 🗖 Spouse 📮 Other	
Who claims you for Federal ir	ncome tax purposes? 🗖 Self 📮 Both Pa	arents 🛛 Father 🗅 Mother 🖵 Spouse 🖵 Other	
Parents/Guardian Marital Status:	□ Single/Never Married □ Married □	Divorced/Separated Dividowed Re-Married N/A	
If parents are divorced or separat	ted, who is the custodial parent? 🖵 Father	□ Mother □ Joint Custody □ N/A	
	(Provide copy of car being submitted to verify lawful pres	Ient Other – Specify:   d) (Additional information may be needed)   ence as noted above? Copy of documentation is re   IPassport Certificate of Naturalization	quired.
I	PARENT(S), SPOUSE, OR LE	GAL GUARDIAN INFORMATION	
First Name:	Last Name:	Relationship:	
Does this person reside in Sou	ıth Carolina? 🖵 Yes 📮 No 🛛 If yes, date	present stay began: / /	
		□Yes □ No If yes, date present stay began/_	
Is this person licensed to drive? 🕻	Yes 🛛 No 🛛 If no, does this person ha	ve a State Issued Identification Card? 🗖 Yes 🛛 No	
State:Issue Date:	// Renewed D Tra	nsferred from another state 🛛 First Issued	
Does this person have a vehic	cle registered in his/her name? 🗖 Yes	□ No	
State: Issue Date:	/ C Renewed C Transi	erred from another state 🛛 New Purchase	
If your parent/spouse/guardia	an relocated to South Carolina, what v	vas the previous state of residence?	
What is this person's employr	nent status? 🛛 Full-Time 🔲 Part-Ti	ne 🗖 Unemployed 📮 Retired 📮 Disabled	
Employer Name:		Date of Hire:///	
What is this person's citizensh	iip status? 🗖 US Citizen 📮 Permane (Provi	ent Resident Other – Specify: de copy of card) (Additional information may be needed)	
		sence as noted above? Copy of documentation is re	-
Driver's license	Social Security Card	Passport Certificate of Naturalization	١
	APPLICANT	CERTIFICATION	
	his application are true and accurate. I underst vithdrawal from the college, or other disciplina	and that any misrepresentation of residency information may res ry action.	sult in
Student Signature:		Date: / /	

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief.