



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 residence in Georgia on all documentation you may be eligible for in-state out of area tuition based on 12 months residence in Effingham or Chatham county Georgia.

Complete the Dependent Residency Form or contact the Residency Coordinator at residency@tcl.edu.

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 Number: Date of Birth (mm/dd/yy):

Are you licensed to drive? Yes No If no, do you have a State Issued Identification Card? Yes No

State: Issue Date: Renewed Transferred from another state First Issued

With whom do you reside? Self Both Parents Father Mother Spouse Other

Who claims you for Federal income tax purposes? Self Both Parents Father Mother Spouse Other

Parents/Guardian Marital Status: Single/Never Married Married Divorced/Separated Widowed Re-Married N/A

If parents are divorced or separated, who is the custodial parent? Father Mother Joint Custody N/A

What is your citizenship status? US Citizen Permanent Resident Other - Specify: (Provide copy of card) (Additional information may be needed)

What official documentation is being submitted to verify lawful presence as noted above? Copy of documentation is required.

Driver's license Social Security Card Passport Certificate of Naturalization

PARENT(S), SPOUSE, OR LEGAL GUARDIAN INFORMATION

First Name: Last Name: Relationship:

Does this person reside in Effingham/Chatham County GA? Yes No If yes, date present stay began:

What is his/her address? (Street, City, State, Zip Code):

Is this person licensed to drive? Yes No If no, does this person have a State Issued Identification Card? Yes No State:

Issue Date: Renewed Transferred from another state First Issued

Does this person have a vehicle registered in his/her name? Yes No

State: Issue Date: Renewed Transferred from another state New Purchase

If your parent/spouse/guardian relocated to Effingham/Chatham County GA, what was the previous state of residence?

What is this person's employment status? Full-Time Part-Time Unemployed Retired Disabled

Employer Name: Date of Hire:

What is this person's citizenship status? US Citizen Permanent Resident Other - Specify: (Provide copy of card) (Additional information may be needed)

What official documentation is being submitted to verify lawful presence as noted above? Copy of documentation is required.

Driver's license Social Security Card Passport Certificate of Naturalization

APPLICANT CERTIFICATION

I hereby certify that all responses on this application are true and accurate. I understand that any misrepresentation of residency information may result in the payment of non-resident tuition, withdrawal from the college, or other disciplinary action.

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.