

INDEPENDENT RESIDENCY FORM Effingham/Chatham County GA Reciprocity

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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 Independent Residency Reclassification Application or contact the Residency Coordinator at <u>residency@tcl.edu</u>. An "independent person" is defined as one (eighteen years of age or older) or an emancipated minor, who must provide more than half of his or her support, cannot be claimed as a dependent or exemption on the federal tax return of his or her parent, spouse, or guardian, and cannot claim the domicile of another individual as their own for the purposes of establishing intent to become an Effingham/Chatham county Georgia resident.

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 Bir | :h (mm/dd/yy):/ | |
| Do you reside in Effingham/C | hatham County GA? 🛛 Yes 🏼 | No If yes, date pre | esent stay began: // | |
| What is your address? (Stree | t, City, State, Zip Code): | | | |
| With whom do you reside? | Self 🗖 Both Parents 📮 Fath | er 🛛 Mother 🖵 Sp | oouse 📮 Other | |
| Who claims you for Federal in | າcome tax purposes? 🗖 Self 🕻 | 🛾 Both Parents 🗖 F | ather 🗖 Mother 🗖 Spouse 🗖 Other | |
| Are you licensed to drive? 🗖 | Yes 🛯 No If no, do you have a | a State Issued Ident | fication Card? 🗖 Yes 🛛 No | |
| State: Issue Date: | // Renewed | Transferred from | another state 🛛 First Issued | |
| Do you have a vehicle registe | red in your name? 🗖 Yes 📮 N | 0 | | |
| State: Issue Date: | // Renewed | Transferred from | another state 🛛 New Purchase | |
| What is your employment s | status? 🛛 Full-Time 🔲 Part-T | ime 🛛 Unemploy | ed 🖵 Retired 🖵 Disabled | |
| Employer Name: | | Dat | e of Hire: / / | |
| What is your citizenship sta | | | ther – Specify dditional information may be needed) | |
| What official documentation | is being submitted to verify lav | wful presence as no | ted above? Copy of documentation is require | ed. |
| 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 infromation may result in the payment of non-resident tuition, withdrawal from the college, or other disciplinary action.

| Date: |
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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.