



**SECTION IV: RESIDENCY**

**I. Do you wish to be classified as a Resident of Maryland for admission and tuition purposes?**  Yes  No  
 If yes, proceed to Part II. If no, you will be classified as a Non Resident of Maryland. Please sign and date this form.

**II. Maryland Residency Status:** If you are seeking Maryland residency, you must complete **all** of the following questions. If you do not complete **all** of the questions, you will be classified as a Non Resident of Maryland. If an item does not apply to you, please indicate "N/A." The University reserves the right to request additional information, if necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you financially dependent upon another person who provides more than half of your total expenses?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been, or will you be claimed as a dependent by another personal on federal and/or state income tax returns for the two most recent years? Years: 20____ 20____

If you answered yes to both questions, complete the **GUARDIAN** and **APPLICANT** sections.  
 If you answer no to both questions, complete the **APPLICANT** section only.

**GUARDIAN**

- Name of person student is dependent upon: \_\_\_\_\_ Relationship to student: \_\_\_\_\_
- Permanent address for person student is dependent upon: \_\_\_\_\_
- Is the person listed in question #1 a **Resident of Maryland**?
  - Yes  No
- Is the person listed in question #1 a US-citizen?
  - Yes  No
  - i. If no, type of visa: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - ii. Alien Registration No.: \_\_\_\_\_ Date of Issuance: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Has the person listed in question #1 filed Maryland income tax return for all income earned inside or outside of the state, for the most recent year?
  - Yes  No
  - i. If a Maryland tax return was not filed within the past 12 months, please state reason: \_\_\_\_\_
- In which states did this person file state income tax returns for the **last three years**?
 

State _____	Year 20____	State _____	Year 20____	State _____	Year 20____
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- Signature of person student is dependent on: \_\_\_\_\_ Date \_\_\_\_\_  
*This form is not complete without the signature of the person listed in question #1*

**APPLICANT**

- Yes  No 1. Are you residing in Maryland primarily to attend an educational institution?
- 2. Permanent Address: \_\_\_\_\_  
 Dates of occupancy at the above address: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If less than 12 months, previous address: \_\_\_\_\_  
 Length of time at previous address: \_\_\_\_\_ Years \_\_\_\_\_ Months
- Yes  No 3. Are all, or substantially all, of your possessions in the **State of Maryland**?
- Yes  No 4. Do you possess a valid **Maryland** driver's license?  
 If yes, when did you first get your license? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of most recent renewal \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If no, from which state is your license? \_\_\_\_\_
- Yes  No 5. Do you own an automobile registered in **Maryland**?  
 If yes, initial date of registration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Most recent date of registration: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If no, in which state is your automobile registered? \_\_\_\_\_
- Yes  No 6. Are you registered to vote? If yes, in which state? \_\_\_\_\_ Date of registration: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Yes  No 7. Is Maryland State income tax currently being withheld from your pay?  
 If no, please state reason: \_\_\_\_\_
- 8. In which states did you file state income tax returns for the **last three years**:  
 State \_\_\_\_\_ Year 20\_\_\_\_ State \_\_\_\_\_ Year 20\_\_\_\_ State \_\_\_\_\_ Year 20\_\_\_\_
- Yes  No 9. Do you receive any public assistance from a state or local agency other than one in Maryland?  
 If yes, please explain: \_\_\_\_\_
- Yes  No 10. Are you, or a member of your immediate family, a full time (exempt) employee with the University System of Maryland? (Submit official letter from Human Resources verifying eligibility for benefit)
- Yes  No 11. Are you, or a member of your immediate family, a full time, active member of the U.S. armed forces? (Submit a copy of your orders and lease agreement or mortgage.)

**I CERTIFY THAT ALL OF THE INFORMATION IN THE IN-STATE RESIDENCY SECTION OF MY APPLICATION IS COMPLETE AND ACCURATE.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_