

**STATE OF WISCONSIN
HIGHER EDUCATIONAL AIDS BOARD**



Please return this completed form to:
**Higher Educational Aids Board
P.O. Box 7885
Madison, WI 53707-7885**

RESIDENCY DETERMINATION FORM

Please attach the following documents to the Residency Determination Form:

- The most recent State and Federal Income Tax returns including W-2 forms.
- If you are not a U.S. citizen, please provide citizenship related documentation e.g. a copy of your Permanent Residency Card.

Please indicate the names of the colleges / universities you would like the results of your Wisconsin residency determination to be sent to:

Student Data

Social Security Number	Name: Last	First	M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married
				Current Telephone Number ()	Birth Date: (Month / Day / Year)
Permanent Home Address	Street	City	State	Zip Code	From: (Month / Year) To: (Month / Year)
Permanent Home Address	Street	City	State	Zip Code	From: (Month / Year) To: (Month / Year)
Permanent Home Address	Street	City	State	Zip Code	From: (Month / Year) To: (Month / Year)
Permanent Home Address	Street	City	State	Zip Code	From: (Month / Year) To: (Month / Year)
How many years have you resided in Wisconsin?	Are you a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, give visa type and number		
	Visa Type		Visa Number		

Please list all states you have resided in, including Wisconsin, starting with the most current.

City _____ State _____ From: (Month / Year) _____ To: (Month / Year) _____

City _____ State _____ From: (Month / Year) _____ To: (Month / Year) _____

City _____ State _____ From: (Month / Year) _____ To: (Month / Year) _____

City _____ State _____ From: (Month / Year) _____ To: (Month / Year) _____

Last year completed at a postsecondary institution

Undergraduate	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> 5th Year	Graduate/Professional	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd
	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior			<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th

High School you graduated from:

Name	City	State	Date of Graduation
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List all post secondary schools (in chronological order, starting with the most current).

Institution	Campus/Location/State	Dates of Attendance		Tuition Classification (if Applicable)	
		Month / Year	Month / Year	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Resident
_____	_____	From: _____	To: _____	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Nonresident
_____	_____	From: _____	To: _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Resident
_____	_____	From: _____	To: _____	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Nonresident
_____	_____	From: _____	To: _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Resident
_____	_____	From: _____	To: _____	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Nonresident
_____	_____	From: _____	To: _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Resident
_____	_____	From: _____	To: _____	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Nonresident

Sources of Support for Current Year

Parents _____%	Spouse _____%	Employment _____%	Other * _____%
Savings _____%	Loans _____%	Financial Aid _____%	NOTE: Total percentages must equal 100% for each year.

Sources of Support for Last Year

Parents _____%	Spouse _____%	Employment _____%	Other * _____%
Savings _____%	Loans _____%	Financial Aid _____%	* includes any other sources of support not listed here.

List periods of full-time employment and part-time employment, starting with the most current.

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

ATTACH ADDITIONAL SHEET IF SPACE PROVIDED IS INADEQUATE

Have you filed an income tax return with the Wisconsin Department of Revenue? yes no

If yes, specify the years: _____

If you filed a tax form in another state, give state and last year filed _____ Year _____

Are you registered to vote in Wisconsin? yes no Date you were first registered to vote in Wisconsin _____
 Month / Year

If yes, where and when have you voted in Wisconsin? _____ Month / Year _____

If you have voted in another state, give state and date you last voted _____ Month / Year _____

From what state do you hold a valid driver's license? _____	If you own a motor vehicle, in what state is it registered? _____
Date first acquired _____ Number _____ Month / Year	Date first registered _____ Plate Number _____ Month / Year

Parents Data

Father's Full Name				Mother's Full Name			
Permanent Home Address: Street		From (Month / Year)	To (Month/Year)	Permanent Home Address: Street		From (Month / Year)	To (Month/Year)
City	State	Zip Code		City	State	Zip Code	
Previous Home Address: Street		From (Month / Year)	To (Month/Year)	Previous Home Address: Street		From (Month / Year)	To (Month/Year)
City	State	Zip Code		City	State	Zip Code	
Is father a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	Where and when did father last register to vote?			Is mother a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	Where and when did mother last register to vote?		
If no, visa type: _____				If no, visa type: _____			
Has father filed Wisconsin state income taxes as a resident? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify the years: _____			Has mother filed Wisconsin state income taxes as a resident? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify the years: _____		
Have you been claimed as a dependant on your father's federal income tax return during any of the past 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, when were you last claimed by your father? _____			Have you been claimed as a dependant on your mother's federal income tax return during any of the past 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, when were you last claimed by your mother? _____		

If you relocated to Wisconsin from another state, what was the primary reason for relocating in Wisconsin?

Do you plan to maintain a permanent residence in Wisconsin during and after your period of education at a Wisconsin educational institution? yes no

PLEASE NOTE: IF THE QUESTIONS ON THIS FORM DO NOT ACCURATELY DEMONSTRATE YOUR RESIDENCY STATUS YOU MAY ATTACH A STATEMENT EXPLAINING ANY UNUSUAL CIRCUMSTANCES.

I declare that the information I have provided on this form is, to the best of my knowledge and belief, true, correct and complete. In order to verify the information reported, I agree that the State of Wisconsin Higher Educational Aids Board may request and obtain an official copy of my latest Wisconsin and/or federal income tax return and to provide, if requested, any other documentation necessary to verify the information reported. I further agree to authorize the Board to contact and obtain any necessary information from any educational institution, governmental agency or employer I have included on this form and to authorize the Board to share any information with any Wisconsin educational institution.

Signature of Student

Date