

Application for Resident Tuition Status Change



OFFICE USE ONLY		
Student No. _____	Rec'd By _____	Res. Appeal code _____
Maintenance:		
Address Screen _____	Residency Screen _____	
Residency Appeal Result: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
FROM:	TO:	CONDITIONAL RESIDENCY UNTIL:
<input type="checkbox"/> In-County	<input type="checkbox"/> In-County	_____
<input type="checkbox"/> Out-of-County	<input type="checkbox"/> Out-of-County	Date _____
<input type="checkbox"/> Out-of-State	<input type="checkbox"/> Out-of-State	
Effective _____	YR/TERM Code _____	Term Name and Calendar Year _____
Reviewed by: _____	Date _____	
	Residency Officer	

Instructions

Please complete and provide supporting documentation (where requested) for all of the questions. **This petition must be submitted and approved prior to the first day of classes of the academic term you desire reclassification to be effective. Retroactive residency determinations cannot be made for tuition surcharge purposes.**

Please Print

1. Full Legal Name _____
 Last First Middle Maiden

2. Social Security Number _____

3. Date of Birth _____ **4. Marital Status:** Single Married
 Month Day Year Month Year

5. Present Address _____
 Number and Street County

City State Zip **Date Present Address Established** _____
 Month Day Year

6. Telephone Number _____
 Home Business Cell

7. Previous residence in chronological order (from most recent). Indicate each residence for the past twelve months. **Attach appropriate documentation** (e.g. apartment lease, real property closing statement, notarized letter from property owner certifying length of residence, an Ohio driver's license listing your ohio and/or Lorain County address and issued twelve months earlier than petition date).

Number and Street	City and State	From: Month and Year	To: Month and Year
a.) _____	_____	_____	_____
b.) _____	_____	_____	_____
c.) _____	_____	_____	_____
d.) _____	_____	_____	_____

8. Please indicate:

Term for which residency is requested Fall _____ Spring _____ Summer _____

Do you have a drivers license? Yes No

Is it from Ohio (please attach photo copy) Yes No

Do you own a car? Yes No

Is it currently registered in Ohio? (attach copy) Yes No

In what state are you registered to vote? _____

Have you registered to vote outside Ohio within the past 12 months? Yes No

9. Are you a citizen of the United States? Yes No If no, please answer the following questions:

a.) What type of visa do you hold? _____ Expiration Date _____

b.) If permanent resident alien, A- _____ Date issued _____

ATTACH COPY OF VISA or Green Card

FIRST NAME

LAST NAME

10. Source of Support: Explain fully your source of income during the previous 12 months (employment, savings, loans, GI Bills, social security benefits, spouse). Itemize each amount and **attach appropriate documentation** for each source of support (copies of contracts or awards, statements from payroll officials on company letterhead).

a. **Source** (ie: Employer, Parent, etc.) _____

Amount Earned By: Student \$ _____

Other \$ _____ Relationship: _____

b. **Source** _____

Amount Earned By: Student \$ _____

Other \$ _____ Relationship: _____

c. **Source** _____

Amount Earned By: Student \$ _____

Other \$ _____ Relationship: _____

11. Have you filed an Ohio personal income tax statement for the previous tax year?

Yes No (Please attach copy of your return.)

If not, in what state did you pay taxes? _____
(Please attach copy of your state tax return)

12. If you are not entirely self-supporting, who claimed you as an exemption on the past year's federal tax return?

Substantiate by attaching a photocopy of the page showing dependent section of latest Form 1040 federal tax return. Also substantiate residency of person declaring you as an exemption by verifying he/she has lived in Ohio and/or Lorain County the past 12 months. (See acceptable documents listed in number 7.)

13. Use this space for any comments you wish to make to support or clarify your request for residency.

14. OATH

With the signing and submission of this document, I hereby verify my status as a bona fide resident of the State of Ohio and/or Lorain County as defined by Ohio law and the Board of Trustees of LCCC for the purposes of assessing tuition and fees.

I certify to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts on this application could be cause for suspension from the college discovered subsequently. Yes No

X Signature _____ Date _____

Return to:

Lorain County Community College
Enrollment Services/Records Office
1005 N. Abbe Rd
Elyria, OH 44035

Phone: (440) 366-4067
Fax: (440) 366-4167