



OHIO UNIVERSITY Residency Petition

Important Instructions - Please Read

Complete this **Residency Petition** only if you are seeking Ohio Residency under C2 or E1 of the **Ohio Board of Regents Residency Requirements 3333-1-10 Ohio Student Residency for State Subsidy and Tuition Surcharge Purposes.**

Incomplete petitions will not be processed. Signed and notarized petitions must be submitted with requested documentation to the appropriate office indicated on the back of this document. This petition must be approved prior to the last day of registration of the term for which you are petitioning.

Note: Even if you would have qualified for Ohio residency for an earlier term, residency decisions are never retroactive.

Please Print

1 Identification

Name _____
Last First Middle/Maiden

OU PID or SSN _____

Date of Birth ____/____/____ Age _____

Marital Status: Single Married ____/____/____

2 Requesting Residency For

Fall Winter Spring Summer Semester 20____

3 Student Status

Currently Enrolled? Yes No

New Student? Yes No

Returning Student? Yes No

College/Department of Enrollment _____

- Undergraduate
 - Full-time (11 or more hours)
 - Part-time (10 or fewer hours)

- Graduate/Medical
 - Full-time (9 or more hours)
 - Part-time (8 or fewer hours)

Campus

- Athens Chillicothe Eastern
- Lancaster Southern Zanesville

4 Local Information

Home Telephone (____) _____ - _____

Work Telephone (____) _____ - _____

Present Address _____

City _____ State ____ Zip _____

5 Permanent Home Address

Address _____

City _____ State ____ Zip _____

6 Citizenship

Are you a citizen of the United States? Yes No

If you are not a citizen of the United States, what type of visa do you hold?

- Permanent _____
- Student _____
- Other (explain) _____

Attach documentation

7 Resident For All Other Legal Purposes

In what state are you registered to vote? _____

Have you registered or voted outside Ohio within the past 12 months? Yes No

Attach documentation

Do you have a driver license? Yes No

Is it from Ohio? Yes No

Do you own a car? Yes No

Is it currently registered in Ohio? Yes No

Attach documentation

8 Place You Lived the Immediate Past Summer

Address _____

City _____ State ____ Zip _____

Working? Yes No Where _____

9 Residences

In careful chronological order (listing present address first) indicate where you have lived since completion of high school, or for the past five years, whichever is shorter.

Attach documentation showing you have lived in Ohio for the previous 12 consecutive months (i.e. apartment lease, canceled rent checks, rent receipts, landlord's statement).

Use additional paper if needed.

1. Since ____/____/____ to present ____/____/____
City State

If student:

Full-time Part-time Paid Nonresident Fee

If employed: Full-time Part-time

Occupation: _____

Employer: _____

2. Since ____/____/____ to ____/____/____
City State

If student:

Full-time Part-time Paid Nonresident Fee

If employed: Full-time Part-time

Occupation: _____

Employer: _____

3. Since ____/____/____ to ____/____/____
City State

If student:

Full-time Part-time Paid Nonresident Fee

If employed: Full-time Part-time

Occupation: _____

Employer: _____

10 Ohio Income Tax

Have you filed an Ohio personal income tax statement within the previous 12 months? Yes _____ No _____
year

Attach documentation

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

_____ name _____ relationship

Attach documentation

11 Source of Support

Explain completely your sources of money received during the previous 12 months (from employment, savings, loans, G.I. Bill, Social Security benefits, spouse, etc.) and **fully document your sources** (copies of contracts or awards, check stubs containing your name, statement from payroll officials, W-2 forms, etc.) Use additional paper as needed.

You must show income that can reasonably be considered adequate as self-sustaining. If you are a student during the 12 months being reviewed, you must show income that includes the cost of tuition, room and board, books and supplies and daily living expenses.

Source 1 _____
type of support
 Since ____ / ____ / ____ to ____ / ____ / ____
 State ____ Amount in past 12 months \$ _____

Source 2 _____
type of support
 Since ____ / ____ / ____ to ____ / ____ / ____
 State ____ Amount in past 12 months \$ _____

Source 3 _____
type of support
 Since ____ / ____ / ____ to ____ / ____ / ____
 State ____ Amount in past 12 months \$ _____

Source 4 _____
type of support
 Since ____ / ____ / ____ to ____ / ____ / ____
 State ____ Amount in past 12 months \$ _____

Attach documentation

CATEGORY	FALL Term 20__	SPRING Term 20__	SUMMER Term 20__	20__ ANNUAL TOTAL
INCOME:				
From Jobs				
From Parents				
From Student Loans				
From Scholarships				
From Financial Aid				
Other _____				
Other _____				
INCOME TOTAL				
EXPENSES:				
<input type="checkbox"/> LIVING ON CAMPUS				
Room				
Board				
<input type="checkbox"/> LIVING OFF CAMPUS				
Rent				
Utilities				
Electric				
Gas				
Water				
Telephone				
Cable				
Food				
Groceries				
COMMON EXPENSES				
Eating Out/Vending				
Automobile				
Payment				
Insurance				
Gasoline / Oil / etc.				
School				
Tuition				
Books/Supplies				
School Fees				
Computer Expenses				
Entertainment				
Other _____				
Other _____				
Other _____				
EXPENSES TOTAL				
NET INCOME (Income less expenses)				

Do not sign this Residency Petition until you are directed to do so by a Notary Public.

Oath

I declare that the foregoing statements are true, correct and complete. I understand that falsified information can result in financial obligation (non-resident fees) to, and dismissal from this institution. I also understand that information from my application for admission and other University records can be considered a part of this petition.

_____ being duly sworn, deposes and says that the
Print Name forgoing statements are true, correct and complete. Affix Notary Seal Here

Signature _____ Date ____ / ____ / ____

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ My commission expires ____ / ____ / ____ state of _____, county of _____
Signature of Notary Public