

RESIDENCY DECLARATION

APPLICANT NAME: _____ **SSN:** _____
Print Legal Last Name First Name Full Middle Name

SECTION A - I claim legal residency in the State (or country) of: _____ Since: _____

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | Check the appropriate box |
| <input type="checkbox"/> | <input type="checkbox"/> | I have been present in Hawai'i continuously for the last 13 months |
| <input type="checkbox"/> | <input type="checkbox"/> | I have filed a Hawai'i Individual Tax Return as a Resident for the last two years |
| <input type="checkbox"/> | <input type="checkbox"/> | I registered to vote in the state of Hawai'i. If no, what state: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I voted in the last election in the state of Hawai'i |
| <input type="checkbox"/> | <input type="checkbox"/> | My parent(s) / legal guardian(s) claimed me on their Personal Income Tax. State: _____ |

If you are less than 18 and unmarried, please answer the following questions based on your parent or legal guardian:

My parent/legal guardian:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Claims legal residency in the state of Hawai'i |
| <input type="checkbox"/> | <input type="checkbox"/> | Has been present in Hawai'i continuously for the last 13 months |
| <input type="checkbox"/> | <input type="checkbox"/> | Has filed a Hawai'i Individual Tax Return as a resident for the last two years |
| <input type="checkbox"/> | <input type="checkbox"/> | Is registered to vote in the state of Hawai'i |
| <input type="checkbox"/> | <input type="checkbox"/> | Voted in the last election in the state of Hawai'i |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a US citizen |
| <input type="checkbox"/> | <input type="checkbox"/> | If not a US citizen, has been a permanent resident for more than one year (attach copy of green card) |

Relationship to applicant: _____

Parent/Legal Guardian Signature: _____ Date: _____

If your legal guardian is court appointed, submit a copy of the court order with this application.

Section B - College Enrollment

This past year, I enrolled in a publicly supported college or university outside the state of Hawai'i. YES NO (if no, skip to section C)

I paid the following tuition at that institution: Resident Nonresident Resident due to nonresident exemption based on: _____

Section C - Exemptions from the Nonresident Tuition, leave blank if it does not apply.

- I am a full-time faculty or staff member of the University of Hawai'i, or a spouse or legal dependent of such person (attach employment contract)
- I am Hawaiian and a resident of another state (attach an official copy of your birth certificate, and if necessary, that of your parents/grandparents documenting Hawaiian ancestry)
- I am a citizen of _____ which has no public institution of higher education ranking baccalaureate degrees
- I am a member or authorized dependent of a member of the US armed forces, on active duty, stationed in Hawai'i (complete verification below)
- I am a member of the Hawai'i National Guard or Hawai'i-based Reserves (complete verification below)

VERIFICATION OF U.S. ARMED FORCES - attach Military Orders

Permission is hereby granted to release information to UH Campus:

Applicant's Signature: _____

Military Member's Signature: _____

Member's Relationship to Applicant:

Self Spouse

Parent Other (specify)

To be completed by the Member's Commanding Officer:

Name, Rank, & Branch of Service of member of the U.S. Armed Forces on active duty stationed in Hawai'i, or member of the Hawai'i National Guard of Hawai'i-based Reserves

Estimated Date (mm/dd/yyyy): _____
Rotation from Hawai'i or separation from military service, whichever is earlier (do not use "Indefinite" or leave blank)

Signature of Commanding Officer Date

Rank and Branch of Service in Hawai'i

Print Name

Phone Number of Branch of Service in Hawai'i