

RESIDENCY CLASSIFICATION FOR TUITION/FINANCIAL AID PURPOSES

All information must be completed. Application must be signed and dated.

Student Applicant Name _____ Social Security # _____

Are you a U.S. citizen or permanent resident of the United States? ___ Yes ___ No

If no, give temporary visa number _____ and expiration date _____

Are you now, or have you been married? ___ Yes ___ No If yes, date of marriage _____ / _____ / _____

Date of birth _____ / _____ / _____ Age _____

SECTION I: Complete this section if you are 22 years of age or older, or if you are or have been married.

1. List dates and address(es) you have permanently resided in Colorado:

Address _____ mo/yr _____ to mo/yr

Address _____ mo/yr _____ to mo/yr

2. Are you or your spouse in the military service? ___ Yes ___ No

If yes, to what base are you assigned? _____

[Must submit signed verification from the Base Education Officer of current active duty station.]

3. Have you been employed during the past two years? ___ Yes ___ No If yes, list employer(s):

Employer	City	State	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have you either filed an individual or joint Colorado State Income Tax Return? ___ Yes ___ No

If yes, three most recent years of filing:

_____ full year or _____ part year Year _____

_____ full year or _____ part year Year _____

_____ full year or _____ part year Year _____

5. Do you have a current motor vehicle operator's license? ___ Yes ___ No

If yes, date of issue: Month _____ Year _____ State issued _____

If re-issued during the last year, what State was previous license? _____

6. Have you owned a motor vehicle during the past year? ___ Yes ___ No

If yes, date of registration: Month _____ Year _____ State _____

SECTION II. Complete this section if you are under 22 years of age and never married.

Complete the following information based on parents' or legal guardians' residency information. If legal guardian, proof guardianship must accompany the application.

_____ Parent _____ Legal guardian's name and address: Last _____ First _____
Address _____ City _____ State/Zip _____

1. List dates parents or legal guardians have permanently resided in Colorado:

from mo/yr _____ to mo/yr _____
mo/yr _____ to mo/yr _____

2. Are your parents or legal guardians in the military service? ___ Yes ___ No

If yes, to which base is the individual assigned? _____
Must submit signed verification from the Base Education Officer of current active duty station.]

3. Have your parents or legal guardians filed a Colorado State Income Tax Return? ___ Yes ___ No

If yes, list three most recent years of filing: full year ___ or part year ___ Year _____
full year ___ or part year ___ Year _____
full year ___ or part year ___ Year _____

4. Do your parents or legal guardians have a current motor vehicle operator's license? ___ Yes ___ No

If yes, from what State is it issued? _____

5. Do your parents or legal guardian own a motor vehicle? ___ Yes ___ No

If yes, in what State is the vehicle registered? _____

I hereby certify that to the best of my knowledge, the information furnished is true and complete without evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal.

Signature (applicant) (Date)

Signature (parent if needed) (Date)