

# **FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE**

## **APPLICATION FOR CLASSIFICATION AS A LEGAL RESIDENT (DOMICILIARY) OF NORTH CAROLINA FOR TUITION PURPOSES**

### **DIRECTIONS**

1. Please Print or Type your answers legibly.
1. Read the State Law summary and all directions carefully (see below).
1. Complete **ALL** questions. Not completing all questions could result in an unfavorable decision. Use “N/A” if the question(s) does not apply.
1. For “date questions,” provide the month, day, and year.
1. Explain any of your answers on additional paper if needed.
1. Provide copies of documents that support answers. (For example, State Income Tax Returns support the tax questions).
1. Return this form, supporting documents, and additional explanations to:  
Director of Admissions, Fayetteville Technical Community College, PO Box 35236, Fayetteville, NC 28303.

**THE BETTER YOU ANSWER THE QUESTIONS, THE BETTER  
WE CAN DETERMINE YOUR RESIDENCY STATUS. IT  
BENEFITS YOU TO PROVIDE DETAILED  
ANSWERS AND DOCUMENTATION!**

## **SUMMARY OF NORTH CAROLINA LAW**

**State law allows bona fide North Carolina legal residents (domiciliaries) to be eligible for a lower tuition rate than non-residents. North Carolina law (G.S. 116-143.1, listed on the reverse side) requires you to establish legal residence (domicile) in North Carolina and maintain it for at least 12 months immediately prior to the beginning of the term for which you seek classification as a resident for tuition purposes. The statute also contains definitions, rules and special provisions for determining residence for tuition purposes. Copies of the law and relevant regulations may be read in the admissions office and campus library.**

**If you are admitted to FTCC (or readmitted after a lapse in enrollment) the law requires the College to classify you as a resident or non-resident for tuition purposes for your term of admission. If you claim North Carolina residence for tuition purposes, you must file this application before the end of the term for which you claim such residence. To be classified a resident for tuition purposes, you must give the College the evidence it requires to enable it to make that classification.**

**FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE**  
**APPLICATION FOR CLASSIFICATION AS A LEGAL RESIDENT (DOMICILIARY) OF NORTH CAROLINA**  
**FOR TUITION PURPOSES**

**SECTION I: APPLICANT INFORMATION**

1. Full name (Mr., Mrs., Miss, Ms.) \_\_\_\_\_
2. Social Security number \_\_\_\_\_ Citizenship \_\_\_\_\_
3. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_
4. Your marital status: single \_\_\_\_\_ married \_\_\_\_\_ (date) \_\_\_\_\_ divorced/separated/legal separation \_\_\_\_\_ (date) \_\_\_\_\_  
 (If you are married or have been separated or divorced from your spouse for less than 24 months, please complete Section II)
5. Permanent home street address \_\_\_\_\_ since \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_
6. Last previous home street address in N.C. was \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Last previous home street address outside N.C. was \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
7. When and from what state or foreign country did you move to North Carolina? Moved from \_\_\_\_\_ on (date) \_\_\_\_\_
8. When do you claim that you began your legal residence (domicile) in North Carolina (date). \_\_\_\_\_  
 Why did you move your home to North Carolina (reason) \_\_\_\_\_

9. List in chronological order all places out-of-state you have spent at least 4 consecutive days during the past 24 months (while not attending class), including summers, semester breaks and holidays. List the same for NC activities you feel are significant to your residency claim.

(date)	Place (city and state)	Occupation or Purpose	From (date)	To
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____

10. Please give the state(s) and specific dates when you did each of the following during the last 24 months. If not done in the last 24 months, list where and when such acts were done the last time you did them; if never done at all, write "never":

	Place/Month/Day/Year	Place/Month/Day/Year	Place/Month/Day/Year
a) Registered to vote: which state/ when:	_____	_____	_____
b) Voted: state/when	_____	_____	_____
c) Called to serve on jury duty	_____	_____	_____
d) Acquired or renewed driver's license: state/ when	_____	_____	_____
e) Purchased property for use as your principal dwelling	_____	_____	_____
f) Inclusive dates of such property ownership	from _____ to _____	from _____ to _____	from _____ to _____
g) Filed state income tax return to: state/ when	_____	_____	_____
Did you file as a resident or nonresident?	_____	_____	_____
h) Had state income tax withheld during the current tax year? _____ Yes No _____ State(s) _____			
Beginning (Month/Day/Year)	_____		
During the previous year? _____ Yes No _____ State(s) _____			
Beginning (Month/Day/Year)	_____		

11. List cars or other motor vehicles you operate in N.C.

Type of vehicle(s)	Owner/ Insur. Paid by Whom	State Where: registered/licensed/insured	Month/Day/Year
_____	_____	_____	_____
_____	_____	_____	_____

12. List your employment for wages in the last 24 months:

	Job Title	Employer	Address (place & state)	From	To	Hrs per week
a)	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____	_____

13. Who (including yourself) last claimed you as an exemption on state and/or Federal income tax returns, for what tax year and in what state filed?

(Remember that a tax return for a given year is normally filed in the following year.)

- a) On state return for \_\_\_\_\_ tax year, filed in (state) \_\_\_\_\_ On (date) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to you \_\_\_\_\_
- b) On Federal return for \_\_\_\_\_ tax year, filed on (date) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to you \_\_\_\_\_
- c) Does anyone intend to claim you as a dependent on State and/or Federal income tax returns for the current tax year? Yes No \_\_\_\_\_  
 If yes, who? \_\_\_\_\_ Relationship to you \_\_\_\_\_ Returns to be filed to what State(s) \_\_\_\_\_

**SECTION II: PARENT(S)/SPOUSE INFORMATION**  
 (IF THIS SECTION IS NOT APPLICABLE TO YOU, GO TO SECTION III.)

14. Your parent(s)/spouse's name \_\_\_\_\_ Occupation \_\_\_\_\_ Citizenship \_\_\_\_\_
15. Parent(s)/Spouse's permanent home address \_\_\_\_\_ since (date) \_\_\_\_\_
16. Last previous permanent home address outside N.C. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
17. Present legal residence (domicile) is (state) \_\_\_\_\_ claimed since (date) \_\_\_\_\_

18. Please give the state(s) and specific dates when your spouse did each of the following during the last 24 months. If not done in the last 24 months, list where and when such acts were done the last time he/she did them; if never done at all, write "never":

	Place/Month/Day/Year	Place/Month/Day/Year	Place/Month/Day/Year
1) Registered to vote: which state/ when	_____	_____	_____
2) Voted: state/ when	_____	_____	_____
3) Called to serve on jury duty: state/when	_____	_____	_____
4) Acquired or renewed driver's license: state/when	_____	_____	_____
5) Purchased property for use as a principal dwelling	_____	_____	_____
6) Inclusive dates of such property ownership: from _____ to _____	_____	_____	_____
7) Filed state income tax return to: state/ when	_____	_____	_____
Did he/she file as a resident or nonresident?	_____	_____	_____
8) Registered/licensed/insured motor vehicle(s)	_____	_____	_____
9) Claimed you as an exemption on State income tax return for _____ tax year, filed in (state) _____ on (date) _____	Federal income tax return for _____ tax year, filed on (date) _____		

19. List your spouse's employment for wages in the last 24 months:

	Job Title	Employer	Address (place & state)	From	To	Hrs per week
a)	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____	_____

### SECTION III: SIGNATURE AND ACKNOWLEDGMENT

I hereby acknowledge that completion of Item 2 (Social Security number) is voluntary\*, and is requested by the institution as a temporary identifier until a Personal Identification Number (PID) is assigned. I understand that I am required to provide my SSN on admission applications so that the University can fulfill its reporting obligations under Federal and State tax laws.

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed. I understand that knowing falsification of my responses may subject me to disciplinary action, including dismissal from the University.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Education Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	
Designated <input type="checkbox"/> in-state <input type="checkbox"/> out-of-state	Effective _____
Date _____	_____
James W. Kelley, EdD. NCC, Director of Admissions	