

\* Northwestern Shoshone

\* Shoshone-Bannock

## North Idaho College — Idaho Residency Determination Form

Please read all instructions, complete the entire form, and attach copies of all documentation.

Please print clearly using pen and answer each question. Incomplete or illegible forms will not be considered. Falsification or intentionally providing erroneous information is subject to penalty of perjury under the laws of the State of Idaho. All information will be kept confidential in accordance with the Family Education Rights and Privacy Act (FERPA) of 1974.

Qualifications for residency must be met prior to the first day of the term for which reclassification is sought. This worksheet and all required documentation <u>must be submitted by the 10th business day of the Fall/Spring terms</u> or <u>5th business day of the Summer term in which reclassification is sought</u>. Failure to provide required documentation with the worksheet will result in a denial of residency being requested. All documents must be in the student's or parent/guardian's or spouse's name (no mix), show the physical address, and be dated. See www.NIC.edu/residency for more information.

Email this completed form and all supporting documents to <a href="mailto:central@nic.edu">CardinalCentral@nic.edu</a> or drop off at Cardinal Central in Lee-Kildow Hall.

Communications for questions or regarding the decision will be sent to the student's Cardinal Mail account. NIC reserves the right to request additional documents in order to determine a student, spouse or parent/guardian's residency.

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(A) STUDE	NT INFORMATIO	N SECTIO	N	Term for	which	residency is sou	ıght: _			
Idaho/not	rrent residency status?  Kootenai County		aho/Kootenai County (District) of lawful presence in t			n the US	zen, you must provide proof he US to qualify for Idaho urposes. Idaho code 67-7903			
		Idaho/n (Non-Di	not Kootenai County istrict)		Stu	udent's Country of Citi	zenship:	Date moved to Idaho:		
Name (Last, First, MI)					Stu	Student ID#:				
Current Address (Street, Apt #)					Ph	Phone number:				
City, State , Zip					Em	Email:				
Name of high school graduated from:  City/State of high school:						Month/Year graduated:				
(B) Select	either DEPENDE	NT or INI	DEPEND	ENT						
DEPENDENT	One or more of my paren appointed legal guardians least 50% of my financial has maintained domicile i least 12 months prior to tl semester for which I am s reclassification.	s provides at support AND n Idaho for at ne start of the	this form (u (3) all copie correct cop support. (Treturn is limi	nless comp es of suppor y of their late. The extent of ited to the list	leting S ting doo est Idah f the dise ting of d	st complete/provide (1) Residency Section E (1or 2) of ing Section D); (2) proof of maintaining an Idaho domicile, ing documentation in their name/address, and (4) true and it Idaho tax return listing you as a dependent as proof of the disclosure required concerning the parent/guardian's state ing of dependents claimed and the signature of the taxpayer issure of financial information contained in the returns).				
INDEPENDENT	I receive less than 50% of from a parent/guardian, A continuously resided and bona fide domicile in Idah the purposes other than eat least 12 months prior to the semester sought.	ND have maintained a o primarily for ducation for	You or your spouse must (1) complete the Residency Section E (1 or 2) of this form (unless completing Section D); (2), provide all required supporting documentation, and (3) provide a copy of your marriage certificate if you are claiming residency based on your spouse's residency.							
(C) NATIVE	E AMERICAN INDI	AN TRIBE	MEMBE	R						
Are you a memb	er of one of the following loe *Eastern Shoshone			n Tribes? z Perce	☐ Ye	papers or une	expired t	our tribal membership ribal membership card, to sign and date.		

\* Shoshone-Paiute

■ No

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You must provide the required is the military member below the notation of the second	a current/former military member and check red documentation of military service for your w. Attach a copy of your military member par ot filed, submit a copy of your military membel litary member parent will need to provide pro	ian who the six return. ax re-	I am INDEPENDENT and checked Independent in Section B. You must provide the required documentation of military service for yourself or your spouse. Attach a copy of your Marriage Certificate if you are using your spouse's military status.							
The military member	completes the following: Only 1 c	ategory s	hould be	e checked Y	ES. The rem	naining 3 are NO.				
	r of the Armed Forces (excluding National re maintained Idaho resident status, BUT		Yes No	Attach enlistment papers and military ID.						
· · · · · · · · · · · · · · · · · · ·	er of the Armed Forces (excluding Nation County, Idaho.	currently	Yes No	Attach military papers and military ID.						
(3) I am a <u>current</u> officer	or enlisted member of the Idaho Nation		Yes No	Attach enlistment papers.						
(4) I am a <u>former</u> member of the Armed Forces, served at least 2 years, separated under honorable conditions, have moved to Idaho for the purpose of establishing domicile, and will take steps to establish domicile in Idaho within 1 year of registration at NIC.  Attach DD-214, Member 4 version.										
(E) RESIDENCY - Complete either Section 1 or Section 2										
Instructions: If you marked DEPENDENT in Section B, your parent/guardian must complete this section. If you marked INDEPENDENT in Section B, you or your spouse, if you are claiming residency through your spouse, must complete this section. Do not leave any questions blank. You must be able to show you have lived in Idaho continuously for at least 12 months prior to the start of the semester.										
This section is being co	mpleted by:			Relatio	nship to stud	dent:				
must provide all 3 of the documents on the right. If unable to, complete Section 2.	B. Latest Idaho State Tax return Form 40. (W-2s and Form 43 Part-time residents are not accepted) and C. Proof of Kootenai County home ownership as your primary domicile, purchased at least 1 year prior to the start of the term. Date purchased:									
<b>SECTION 2:</b> You must provide the document in A below plus 4 other documents. All documentation must show the name of the student, or parent/guardian, or spouse (no mix of names), show the Idaho physical address, and be dated. The documents must be varied in type and dates. 1 document must be dated 12-13 months prior to term start date, 1 recent, and the remaining 2 dated between 3 and 9 months ago.										
A. REQUIRED: Current un	☐ Yes		Re	Required: Attach a copy of your ID						
B. Do you own a car, bo	oat, RV, or trailer, registered in Idaho?	☐ Yes	☐ No	Attach	a copy of yo	ur registration (not title)				
C. Are you registered to	vote in Idaho?	☐ Yes	☐ No	Attac	h a copy of y	our voter registration.				
D. Do you rent or own a	a home in Kootenai County?	☐ Yes	☐ No	Attach a cop	y of your lease	e agreement/closing document.				
E. Do you have an Idaho	b bank account?	<b> -</b>	□ No	Att	Attach a copy of your bank statement.					
F. Did you file Idaho tax	tes Form 40 or Form 43?		☐ No	Attach a c	ch a copy of your latest Idaho tax return, <u>signed.</u>					
G. Other documents? (E	☐ Yes	☐ No		Attach copy of documents.						
(F) STUDENT'S S	SWORN STATEMENT									
By signing this form, I indicate that all statements set forth in this application are true to the best of my knowledge and belief and derived from documents submitted with this application. I also indicate that, if selecting the Independent box, I have not been and will not be claimed as an exemption for income tax purposes by any person except my-self or my spouse for the current and prior calendar year, and have not received and will not receive financial assistance in cash or in kind of any amount greater to the amount that would qualify me to be claimed as an exemption for income tax purposes by any person except myself or my spouse during the current or prior calendar year. I also indicate that, if selecting the DEPENDENT box, I have received at least 50% of my support from an Idaho resident that has claimed me as a dependent on his/her Idaho State Tax return for tax purposes. I understand that my residency is based on the documentation attached to this form provided by me, my spouse, or my parent/guardian.										
Student signature:		Date:								

(D) ARMED FORCES / IDAHO NATIONAL GUARD - Select either DEPENDENT or INDEPENDENT