



**STATE OF WISCONSIN  
HIGHER EDUCATIONAL AIDS BOARD**

**RESIDENCY DETERMINATION FORM**



Please return this completed form to:  
**Higher Educational Aids Board  
P.O. Box 7885  
Madison, WI 53707-7885**

**Please attach the following documents to the Residency Determination Form:**

- The most recent State and Federal Income Tax returns including W-2 forms.
- If you are not a U.S. citizen, please provide citizenship related documentation e.g. a copy of your Permanent Residency Card.

**Please indicate the names of the colleges / universities you would like the results of your Wisconsin residency determination to be sent to:**

\_\_\_\_\_

\_\_\_\_\_

**Student Data**

|   |   |       |       |   |  |
|---|---|-------|-------|---|--|
| Social Security Number                        | Name: Last  | First | M.I.  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Single <input type="checkbox"/> Married |
|   |   |       |       | Current Telephone Number<br>( )                               | Birth Date: (Month / Day / Year)                                 |
| Permanent Home Address                        | Street  | City  | State | Zip Code  | From: (Month / Year) To: (Month / Year)                          |
| Previous Permanent Address                    | Street  | City  | State | Zip Code  | From: (Month / Year) To: (Month / Year)                          |
| Previous Permanent Address                    | Street  | City  | State | Zip Code  | From: (Month / Year) To: (Month / Year)                          |
| Previous Permanent Address                    | Street  | City  | State | Zip Code  | From: (Month / Year) To: (Month / Year)                          |
| How many years have you resided in Wisconsin? | Are you a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If no, give visa type and number |       |       |   |  |

Please list all states you have resided in, including Wisconsin, starting with the most current.

City \_\_\_\_\_ State \_\_\_\_\_ From: (Month / Year) \_\_\_\_\_ To: (Month / Year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From: (Month / Year) \_\_\_\_\_ To: (Month / Year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From: (Month / Year) \_\_\_\_\_ To: (Month / Year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From: (Month / Year) \_\_\_\_\_ To: (Month / Year) \_\_\_\_\_

Last year completed at a postsecondary institution

|               |                                   |                                    |                       |                              |                              |
|---------------|-----------------------------------|------------------------------------|-----------------------|------------------------------|------------------------------|
| Undergraduate | <input type="checkbox"/> Freshman | <input type="checkbox"/> Sophomore | Graduate/Professional | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd |
|               | <input type="checkbox"/> Junior   | <input type="checkbox"/> Senior    |                       | <input type="checkbox"/> 3rd | <input type="checkbox"/> 4th |
|               |                                   | <input type="checkbox"/> 5th Year  |                       |                              |                              |

High School you graduated from: \_\_\_\_\_

| Name | City | State | Date of Graduation |
|------|------|-------|--------------------|
|------|------|-------|--------------------|

List all post secondary schools (in chronological order, starting with the most current).

| Institution | Campus/Location/State | Dates of Attendance                                | Tuition Classification (if Applicable)  |
|-------------|-----------------------|--|---|
| _____       | _____                 | From: _____ To: _____<br>Month / Year Month / Year | <input type="checkbox"/> Full-Time <input type="checkbox"/> Resident<br><input type="checkbox"/> Part-Time <input type="checkbox"/> Nonresident |
| _____       | _____                 | From: _____ To: _____<br>Month / Year Month / Year | <input type="checkbox"/> Full-Time <input type="checkbox"/> Resident<br><input type="checkbox"/> Part-Time <input type="checkbox"/> Nonresident |
| _____       | _____                 | From: _____ To: _____<br>Month / Year Month / Year | <input type="checkbox"/> Full-Time <input type="checkbox"/> Resident<br><input type="checkbox"/> Part-Time <input type="checkbox"/> Nonresident |
| _____       | _____                 | From: _____ To: _____<br>Month / Year Month / Year | <input type="checkbox"/> Full-Time <input type="checkbox"/> Resident<br><input type="checkbox"/> Part-Time <input type="checkbox"/> Nonresident |

Sources of Support for Current Year

|                |               |                      |  |
|----------------|---------------|----------------------|--|
| Parents _____% | Spouse _____% | Employment _____%    | Other * _____%   |
| Savings _____% | Loans _____%  | Financial Aid _____% | * includes any other sources of support not listed here. |

Sources of Support for Last Year

|                |               |                      |  |
|----------------|---------------|----------------------|--|
| Parents _____% | Spouse _____% | Employment _____%    | Other _____%   |
| Savings _____% | Loans _____%  | Financial Aid _____% | NOTE: Total percentages must equal 100% for each year. |

List periods of full-time employment and part-time employment, starting with the most current.

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hours per week: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month / Year Month / Year

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hours per week: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month / Year Month / Year

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hours per week: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month / Year Month / Year

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Hours per week: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month / Year Month / Year

ATTACH ADDITIONAL SHEET IF SPACE PROVIDED IS INADEQUATE

Have you filed an income tax return with the Wisconsin Department of Revenue?  yes  no

If yes, specify the years: \_\_\_\_\_

If you filed a tax form in another state, give state and last year filed \_\_\_\_\_ Year \_\_\_\_\_

Are you registered to vote in Wisconsin?  yes  no Date you were first registered to vote in Wisconsin \_\_\_\_\_  
 Month / Year

If yes, where and when have you voted in Wisconsin? \_\_\_\_\_ Month / Year \_\_\_\_\_

If you have voted in another state, give state and date you last voted \_\_\_\_\_ Month / Year \_\_\_\_\_

From what state do you hold a valid driver's license? \_\_\_\_\_

Date first acquired \_\_\_\_\_ Number \_\_\_\_\_  
 Month / Year

If you own a motor vehicle, in what state is it registered? \_\_\_\_\_

Date first registered \_\_\_\_\_ Plate Number \_\_\_\_\_  
 Month / Year

**Parents Data**

|  |       |  |                    |  |       |  |                    |
|--|-------|--|--------------------|--|-------|--|--------------------|
| Father's Full Name   |       |  |                    | Mother's Full Name   |       |  |                    |
| Permanent Home Address: Street   |       | From<br>(Month / Year)                           | To<br>(Month/Year) | Permanent Home Address: Street   |       | From<br>(Month / Year)                           | To<br>(Month/Year) |
| City   | State | Zip Code   |                    | City   | State | Zip Code   |                    |
| Previous Home Address: Street  |       | From<br>(Month / Year)                           | To<br>(Month/Year) | Previous Home Address: Street  |       | From<br>(Month / Year)                           | To<br>(Month/Year) |
| City   | State | Zip Code   |                    | City   | State | Zip Code   |                    |
| Is father a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no   |       | Where and when did father last register to vote? |                    | Is mother a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no   |       | Where and when did mother last register to vote? |                    |
| If no, visa type: _____  |       |  |                    | If no, visa type: _____  |       |  |                    |
| Has father filed Wisconsin state income taxes as a resident? <input type="checkbox"/> yes <input type="checkbox"/> no  |       |  |                    | Has mother filed Wisconsin state income taxes as a resident? <input type="checkbox"/> yes <input type="checkbox"/> no  |       |  |                    |
| If yes, specify the years: _____   |       |  |                    | If yes, specify the years: _____   |       |  |                    |
| Have you been claimed as a dependant on your father's federal income tax return during any of the past 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no |       |  |                    | Have you been claimed as a dependant on your mother's federal income tax return during any of the past 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no |       |  |                    |
| If no, when were you last claimed by your father? _____  |       |  |                    | If no, when were you last claimed by your mother? _____  |       |  |                    |

If you relocated to Wisconsin from another state, what was the primary reason for relocating in Wisconsin?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you plan to maintain a permanent residence in Wisconsin during and after your period of education at a Wisconsin educational institution?  yes  no

PLEASE NOTE: IF THE QUESTIONS ON THIS FORM DO NOT ACCURATELY DEMONSTRATE YOUR RESIDENCY STATUS YOU MAY ATTACH A STATEMENT EXPLAINING ANY UNUSUAL CIRCUMSTANCES.

I declare that the information I have provided on this form is, to the best of my knowledge and belief, true, correct and complete. In order to verify the information reported, I agree that the State of Wisconsin Higher Educational Aids Board may request and obtain an official copy of my latest Wisconsin and/or federal income tax return and to provide, if requested, any other documentation necessary to verify the information reported. I further agree to authorize the Board to contact and obtain any necessary information from any educational institution, governmental agency or employer I have included on this form and to authorize the Board to share any information with any Wisconsin educational institution.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_