APPLICATION FOR IOWA RESIDENT CLASSIFICATION

***Notice: This form is used by the Iowa College Student Aid Commission to determine eligibility for state-funded scholarship and grant programs. This form is NOT used to determine a student's residency for the purpose of tuition charges at postsecondary institutions.**

The Iowa College Student Aid Commission (ICSAC) requests this information to determine your residence classification. If you fail to provide the required information, the Commission may not act on this application. Return this form to your school's financial aid office. If you have always been a resident of Iowa and have never established domicile in another state, please contact the financial aid office at the college you are/will be attending for further instructions.

The following section **must** be filled out completely. If any item in this section is left blank it will cause your application to be denied.

1. Full Legal Name:_____
   Last First Middle
2. Social Security Number_____ 3. Date of Birth:_____
   (mm/dd/yy)
4. For what semester or term are you applying for residency?_____
   (mm/yy)
5. What Iowa college/university will you be attending?_____
6. Where were you born? (City, State)_____
7. Date you moved (or returned) to Iowa_____
   (mm/dd/yy)
8. If former Iowa resident, when did you leave?_____
   (mm/yy)
   Why did you leave Iowa?_____
9. Reason for coming to Iowa _____
10. Who moved to Iowa with you? _____
11. Briefly explain your activities since you arrived in Iowa (Jobs, etc.-Give exact dates).
12. Describe your sources of financial support (job, spouse, parents, etc).
13. Gender: ☐ M ☐ F
14. Independent or Dependent student as determined by FAFSA: _____
15. Parents state of legal residence (only applicable if a dependent student): _____
16. Current Address: _____
    Number and Street (or Rural Route) City State Zip Code
17. Do you: ☐ Rent your home? ☐ Own your home?
18. Permanent Home Address
    Number and Street (or Rural Route) City State Zip Code
19. When/where have you attended college in Iowa in the past (if at all)?
    College: _____ Dates attended: _____ Credit Hours: ____|____|____
    Fall Spring Summer
    College: _____ Dates attended: _____ Credit Hours: ____|____|____
    Fall Spring Summer
    College: _____ Dates attended: _____ Credit Hours: ____|____|____
    Fall Spring Summer
20. How long do you intend to live in Iowa? _____
21. If married, give full name of husband or wife _____

(a) Date of marriage _____
(mm/dd/yy)

(b) Was spouse resident of Iowa at date of marriage?_____

(c) Is spouse currently enrolled in college? ☐ Yes ☐ No
If yes, what is the name of the college?_____

(d) Is your spouse enrolled full time or part time? ☐ FT ☐ PT

(e) Did you move because you or your spouse took full-time employment in the state of Iowa? ☐ Yes ☐ No
If yes, briefly explain

(f) If married, when did your spouse begin working in Iowa?
_____
(mm/dd/yy)

(g) Does he/she work ☐ FT ☐ PT

(h) Spouses current hourly wage. $ _____

22. What relative(s) do you have in Iowa? (list, i.e: mother, father, grandparents) _____

23. What is your current job, hours, and rate of pay?

Title	Name of Company	Stated Pay	Hours per Week

24. For last year, in what state did you file your income tax return?_____

25. If you did not file an Iowa tax return, explain why. _____

26. In what state is your auto registered?_____

27. Do you have an Iowa Drivers License? ☐ Yes ☐ No
If yes, list your license number: _____

28. Are you registered to vote in the state of Iowa? ☐ Yes ☐ No

****Please sign, print and return this form to your school's Financial Aid Administrator****

Note

A student who gives incorrect or misleading information on this form shall be unconditionally disqualified for Iowa Resident Classification.

I certify that the information on this Application for Iowa Resident Classification and attached statements are correct. I authorize the Iowa College Student Aid Commission to access enrollment history information from the National Student Loan Data System (NSLDS) on my behalf.

_____ _____
Date Signature

THIS SECTION TO BE COMPLETED BY AN OFFICIAL IN THE FINANCIAL AID OFFICE.

FINANCIAL AID OFFICE CERTIFICATION: The information provided on this form is consistent with admissions data that we have received for this student.

_____ _____
Date Signature

Comments: Do you support this student's claim of being an Iowa resident?

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