



# DEPENDENT RESIDENCY INFORMATION FINAL REVIEW

The purpose of this form is to provide residency information that was not completed on the Application for Admission. If your residency classification has been determined as out-of-state due to less than 12 months residency in South Carolina on all indicia or if you are a continuing student, complete the Dependent Residency Application or contact the Residency Coordinator.

Additional information about residency requirements, based on SC Statute 59-112-100, may be found online at [www.che.sc.gov](http://www.che.sc.gov).

A "dependent person" is defined as one whose predominant source of income or support is from payments from a parent/spouse/guardian who claims the dependent person on his/her Federal income tax returns. Your residency claim will be based upon that person's information.

STUDENTS HAVE ONE ATTEMPT TO COMPLETE THIS FORM ENTIRELY. INCOMPLETE INFORMATION WILL BE ASSESSED AS OUT-OF-STATE.

## STUDENT/APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Term applying for: \_\_\_\_\_

Student H Number: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you licensed to drive?  Yes  No If no, do you have a State Issued Identification Card?  Yes  No

State: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Renewed  Transferred from another state  First Issued

With whom do you reside?  Self  Both Parents  Father  Mother  Spouse  Other \_\_\_\_\_

Who claims you for Federal income tax purposes?  Self  Both Parents  Father  Mother  Spouse  Other \_\_\_\_\_

Parents/Guardian Marital Status:  Single/Never Married  Married  Divorced/Separated  Widowed  Re-Married  N/A

If parents are divorced or separated, who is the custodial parent?  Father  Mother  Joint Custody  N/A

What is your citizenship status?  US Citizen  Permanent Resident  Other – Specify: \_\_\_\_\_  
(Provide copy of card) (Additional information may be needed)

## PARENT(S), SPOUSE, OR LEGAL GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does this person reside in South Carolina?  Yes  No If yes, date present stay began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does this person reside in Horry/Georgetown County?  Yes  No If yes, date present stay began: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is his/her address? (Street, City, State, Zip Code): \_\_\_\_\_

Is this person licensed to drive?  Yes  No If no, does this person have a State Issued Identification Card?  Yes  No

State: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Renewed  Transferred from another state  First Issued

Does this person have a vehicle registered in his/her name?  Yes  No

State: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Renewed  Transferred from another state  New Purchase

If your parent/spouse/guardian relocated to South Carolina, what was the previous state of residence? \_\_\_\_\_

What is this person's employment status?  Full-Time  Part-Time  Unemployed  Retired  Disabled

Employer Name: \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is this person's citizenship status?  US Citizen  Permanent Resident  Other – Specify: \_\_\_\_\_  
(Provide copy of card) (Additional information may be needed)

## APPLICANT CERTIFICATION

I hereby certify that the information I have provided on this application is complete and correct. I understand that falsification or failure to provide the correct information may lead to disqualification of my application for admission and immediate cancellation of registration at Horry-Georgetown Technical College.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Horry-Georgetown Technical College prohibits discrimination against students and employees. Please direct discrimination and accessibility issues to the Office of Student Affairs at (843) 349-5228.