Application
Ohio Student Residency for State Subsidy
and Tuition Surcharge Purposes

Circle Section applying under:
C1 C2 C3 C4 C5 C6 C7
E1 E2 E3 E4 E5 E6 E7 E8

1. Name ________________________________ (First) ________________________________ (Middle) ________________________________ (Last)

2. BGSU ID#__________________________ (DO NOT USE Social Security Number)

3. Date of Birth ________________________ (Current) age__________________________

4. Present Address ________________________________ ________________________________
   Number and Street ________________________________ Length of time at present address

   City ________________________________ State ________________________________ County ________________________________ Zip Code ________________________________

   Phone Number: (____)________________ Email address: ________________________________

5. Ohio Address (if different from above) ________________________________ Ohio County ________________________________

6. If you graduated from an OHIO HIGH SCHOOL, list name & city: ________________________________
   Refer to Provision C7

7. Are you a military service member (veteran, active, reserve or national guard)?
   ________Yes ________No

8. Is your spouse or parent an active member or veteran of the U.S. Armed Forces, who is either currently stationed in Ohio or has Ohio listed as Home of Record?
   ________Yes ________No
   Refer to Provision C4, C5, C6, E2, E3, or E8 to determine which best qualifies.

9. Has your parent/legal guardian/spouse lived in Ohio for the past 12 consecutive months?
   ________Yes ________No
   Refer to Provision C1

10. Has your parent/legal guardian/spouse accepted full-time employment in Ohio as of the first day of the term you are applying for?
    ________Yes ________No
    Refer to Provision C3

11. Student Status:
    Currently Enrolled Student as:
    _____Undergrad _____Grad
    _____New Student
    _____Former Student

    Which semester are you applying for?
    (one semester per application only)
    FALL _______ YEAR _______
    SPRING _______ YEAR _______
    SUMMER _______ YEAR _______

12. Marital Status:
    _____ Single _____ Married

13. Are you a citizen of the United States?
    ________Yes ________No

   If no, do you have a Visa? Please submit a copy of your Visa or other documentation with your application.
   _____Permanent Resident Alien  Date: ____________________________ Number: ____________________________
   _____Student (F1) Refer to “Summary of Rules” for restrictions & guidelines
   _____Other: ____________________________
COMPLETE THE FOLLOWING ONLY IF YOU ARE APPLYING UNDER SECTIONS: C2, E1, E5, E6, E7

14. Employment: Are you or your spouse employed in Ohio?

You: _____ No   _____ Yes   _____ Full-time   _____ Part-time
Spouse: _____ No   _____ Yes   _____ Full-time   _____ Part-time

15. Please provide your employment history for the past 12 months (use separate sheet if necessary):

Employer _______________________________________________________

Employer’s Address _____________________________________________

Dates of Employment ________________________________

Employer _______________________________________________________

Employer’s Address _____________________________________________

Dates of Employment ________________________________

16. List your address(s) for the past 24 months:

______________________________ From _______ To___________

______________________________ From _______ To___________

______________________________ From _______ To___________

______________________________ From _______ To___________

17. Are you registered to vote in Ohio?   _____ Yes   _____ No

18. Do you have an Ohio Driver’s license?   _____ Yes   _____ No

19. Is your car currently registered in Ohio?   _____ Yes   _____ No

20. Have you paid Ohio Income Tax (on wages)?   _____ Yes   _____ No

21. Did you file a Federal and State Income Tax Return for the previous tax year?   _____ Yes   _____ No

22. Did someone else claim you as an exemption?   _____ Yes   _____ No

23. Will someone else claim you on next year’s tax return?   _____ Yes   _____ No

I certify that the information and documentation contained and submitted with this application is complete, accurate and true. I agree that as a student I am subject to the Code of Student Conduct of Bowling Green State University.

______________________________________________  _______________________
Applicant Signature  Date
COMPLETE THE FOLLOWING “INCOME MATRIX” ONLY IF YOU ARE APPLYING FOR C2, E1, E5, E6, E7

List all sources of income and expenditures for the 12 months preceding the semester of enrollment you are applying. If you list support in the parent, relatives/friends or gifts sections, list the contributor's state of legal residence. Attach proof for all income listed (i.e. loan & scholarship information from BGSU Financial Aid link on MyBGSU, (2) recent paycheck stubs, W2 statements, etc.).

<table>
<thead>
<tr>
<th>INCOME</th>
<th>EXPENSES</th>
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</thead>
<tbody>
<tr>
<td>Employment (Gross)</td>
<td>Tuition &amp; Fees</td>
</tr>
<tr>
<td>Spouse's Employment (Gross)</td>
<td>Books &amp; Supplies</td>
</tr>
<tr>
<td>Savings/Checking Account</td>
<td>Groceries &amp; Dining Out</td>
</tr>
<tr>
<td>Scholarships</td>
<td>Rent/Mortgage</td>
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<tr>
<td>Grants</td>
<td>Utilities</td>
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<tr>
<td>Loans</td>
<td>Clothing/Laundry</td>
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<td>VA Benefits</td>
<td>Travel</td>
</tr>
<tr>
<td>Social Security</td>
<td>Vehicle Payment</td>
</tr>
<tr>
<td>Parent/Guardian (State of _______)</td>
<td>Gas &amp; Vehicle Maintenance</td>
</tr>
<tr>
<td>Relatives/Friends (State of _______)</td>
<td>Vehicle Insurance</td>
</tr>
<tr>
<td>Gifts (State of _______)</td>
<td>Health Insurance</td>
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<tr>
<td>Any Aid from State of Ohio</td>
<td>Recreation/Entertainment</td>
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<tr>
<td>Child Support</td>
<td>Cell Phone</td>
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<tr>
<td>Alimony</td>
<td>Misc. &amp; Personal</td>
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<tr>
<td>Other</td>
<td>Credit Card Payments</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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__________________________________________  ________________________________
Applicant Signature                              Date
Certification Statement for Ohio Student Residency Application

**Do not sign this statement until you are directed to do so by the Notary**

I certify that the information and documentation contained and submitted with this application is complete, accurate and true. I agree that as a student I am subject to the Code of Student Conduct of Bowling Green State University.

__________________________________________  _________________
Applicant Signature                  Date

Subscribed and sworn to before me this _______________day of ____________________, __________

Notarized by_________________________________________________

County___________________    State_________________________

My Commission Expires________________________________________

(place seal in space above)