Application
Ohio Student Residency for State Subsidy
And Tuition Surcharge Purposes

Circle Section applying under:
C1 C2 C3 C4 C5
E1 E2 E3 E4 E5 E6 E7 E8 F2

1. Name ________________________________ (First) ________________________________ (Last)
2. Student ID# ___________________________ (DO NOT USE Social Security Number)
3. Date of Birth __________________________
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: __________________________
7. Are you a military service member (Veteran, Active, Reserve or National Guard)? _____ Yes _____ No
8. Is your parent/legal guardian/spouse 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? If so, refer to Sections E2 and E3 for residency requirements. _____ Yes _____ No
9. Has your parent/legal guardian/spouse lived in Ohio for the past 12 consecutive months? _____ Yes _____ No
10. Has your parent/legal guardian/spouse accepted full-time employment in Ohio prior to the 1st day of the term you are applying for? _____ Yes _____ No
11. Student Status: 
   Currently Enrolled Student as: _____ Undergrad _____ Grad
   _____ New Student
   _____ Former Student
   APPLYING FOR OHIO RESIDENCY FOR:
   FALL _______ YEAR _______
   SPRING _______ YEAR _______
   SUMMER _______ YEAR _______
12. Marital Status: _____ Single _____ Married
13. Are you a citizen of the United States? _____ Yes _____ No
   If not, what type of Visa do you hold?
   _____ Permanent Resident Alien - Date: ____________________________ Number: ____________________________
   _____ Student (F1) Are your parents Ohio residents? YES/NO Is your spouse an Ohio resident? YES/NO
   _____ Other: ____________________________

Return Completed Form To:
BOWLING GREEN STATE UNIVERSITY
Office of Registration and Records
Room 110, Administration Building
Bowling Green, OH 43403-0130
(419) 372-8441 Phone (419) 372-7977 Fax

October 2014
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(es) for the past 24 months:

From ______ To ______
From ______ To ______
From ______ To ______
From ______ To ______

17. In what state are you registered to vote? ________________________________
When and where did you last vote? ______________________________________

18. Do you have Ohio drivers license? (if yes, attach copy) _____Yes  _____No

Do you own or have use of a car? _____Yes  _____No
Is the car currently registered in Ohio? _____Yes  _____No
Do you have a drivers license from any other state? _____Yes  _____No
If yes, which state? __________________________________________

19. Have you paid Ohio Income Tax (on wages)? _____Yes  _____No
If yes, for which year(s) __________________________________________

20. Who claimed you as an exemption on the past year’s Federal Income Tax Return?

_____Self  _____Other (if other, complete the following):
Name __________________________________________
Relationship ______________________________________
Address __________________________________________

Will this person claim you on next year’s tax return? _____Yes  _____No

I certify that the information contained in 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's Signature  Date

October 2014
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, paycheck stubs, W2 statements, etc.).

<table>
<thead>
<tr>
<th>INCOME</th>
<th>total $</th>
<th>EXPENSES</th>
<th>total $</th>
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<tbody>
<tr>
<td>Employment (Gross)</td>
<td></td>
<td>Tuition &amp; Fees</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Books &amp; Supplies</td>
<td></td>
</tr>
<tr>
<td>Spouse’s Employment (Gross)</td>
<td></td>
<td>Groceries &amp; Dining Out</td>
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<tr>
<td>Savings/Checking Account</td>
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<td>Rent/Mortgage</td>
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<td>Scholarships</td>
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<td>Utilities</td>
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<td>Grants</td>
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<td>Clothing/Laundry</td>
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<td>Loans</td>
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<td>Travel</td>
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<td>VA Benefits</td>
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<td>Vehicle Payment</td>
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<tr>
<td>Social Security</td>
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<td>Vehicle Payment</td>
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<tr>
<td>Parent/Guardian (State of ______)</td>
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<td>Gas &amp; Vehicle Maintenance</td>
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<td>Relatives/Friends (State of ______)</td>
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<td>Vehicle Insurance</td>
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<td>Gifts (State of ______)</td>
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<td>Health Insurance</td>
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<td>Any Aid from State of Ohio</td>
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<td>Recreation/Entertainment</td>
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<td>Child Support</td>
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<td>Alimony</td>
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<td>Misc &amp; Personal</td>
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<td>Other</td>
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<td>Credit Card Payments</td>
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<td><strong>TOTAL</strong></td>
<td>$_________</td>
<td><strong>TOTAL</strong></td>
<td>$_________</td>
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</tbody>
</table>

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__________________________________________________________   ________________________________
Applicant’s Signature                                       Date