



### Application for Change in Residency

**HARFORD**  
COMMUNITY COLLEGE

Please refer to the Residency and Tuition policy located on reverse side.

|                                                                                                                                                                                                                                                         |             |                                                                                                                                     |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Please complete the following information:                                                                                                                                                                                                              |             |                                                                                                                                     |                                     |
| Name (Last, First, MI): _____ H ID: _____                                                                                                                                                                                                               |             |                                                                                                                                     |                                     |
| I am financially :      Dependent                      Independent                                                                                                                                                                                      |             |                                                                                                                                     |                                     |
| I, or the person who contributes more than one-half of my financial support, maintain legal domicile in the state of _____ and the county of _____                                                                                                      |             |                                                                                                                                     |                                     |
| at the following address:                                                                                                                                                                                                                               |             |                                                                                                                                     |                                     |
| _____                                                                                                                                                                                                                                                   |             |                                                                                                                                     |                                     |
| Street                                                                                                                                                                                                                                                  |             |                                                                                                                                     |                                     |
| _____                                                                                                                                                                                                                                                   |             |                                                                                                                                     |                                     |
| City                                                                                                                                                                                                                                                    | State       | Zip                                                                                                                                 | Phone                               |
| I have lived at this address since: _____                                                                                                                                                                                                               |             |                                                                                                                                     |                                     |
| Please answer the following questions:                                                                                                                                                                                                                  |             |                                                                                                                                     |                                     |
| Yes                                                                                                                                                                                                                                                     | No          | I possess a valid Maryland driver's license.                                                                                        |                                     |
| Yes                                                                                                                                                                                                                                                     | No          | I, or the person who contributes more than one-half of my financial support, own a car registered in Maryland.                      |                                     |
| Yes                                                                                                                                                                                                                                                     | No          | I, or the person who contributes more than one-half of my financial support, pay state and local income taxes on all income earned. |                                     |
| Yes                                                                                                                                                                                                                                                     | No          | I am registered to vote in the precinct for the address given above.                                                                |                                     |
| Yes                                                                                                                                                                                                                                                     | No          | I live substantially all year at the address given above.                                                                           |                                     |
| Yes                                                                                                                                                                                                                                                     | No          | All or substantially all of my possessions are maintained at the address given above.                                               |                                     |
| Please attach at least <b>two</b> forms of documentation -- <b>one</b> from each column below (must reflect a period of not less than three months prior to the date of enrollment for the semester in which a change in residency is being requested). |             |                                                                                                                                     |                                     |
| <b>Acceptable documentation includes (select one form from each column below):</b>                                                                                                                                                                      |             |                                                                                                                                     |                                     |
| Maryland driver's license                                                                                                                                                                                                                               |             | Maryland income tax return                                                                                                          |                                     |
| Voter registration card                                                                                                                                                                                                                                 |             | Maryland withholding form (MW-507)                                                                                                  |                                     |
| Vehicle registration                                                                                                                                                                                                                                    |             | Deed of Trust or lease agreement                                                                                                    |                                     |
| I hereby certify that the information provided herein is correct to the best of my knowledge.                                                                                                                                                           |             |                                                                                                                                     |                                     |
| Signature of Student                                                                                                                                                                                                                                    |             |                                                                                                                                     | Date                                |
| <b>Office Use Only</b>                                                                                                                                                                                                                                  |             |                                                                                                                                     |                                     |
| Approved                                                                                                                                                                                                                                                | Disapproved | _____                                                                                                                               | _____                               |
|                                                                                                                                                                                                                                                         |             | Semester/Year                                                                                                                       | Registrar                      Date |

## Residency and Tuition Policy

Students at Harford Community College are charged tuition according to their residency. A student's residency is determined at the time of admission to the College. For the purposes of assessing tuition charges, Harford Community College adheres to guidelines established by the Maryland Higher Education Commission and the Code of Maryland Regulations. These guidelines state that a student's residency, also referred to as "domicile," is the permanent place of abode, where physical presence and possessions are maintained with the intention of remaining indefinitely.

The main factor in determining residency is a student's independent/dependent financial status. If a student is a **financially dependent** (received more than one-half of his/her financial support from another in the most recently completed year), the student's domicile is the domicile of the person contributing the greatest proportion of support, without regard to whether the parties are related by blood or marriage.

Students will be considered in-county residents if they or the person who contributes more than one-half of the student's financial support maintain legal domicile in Harford County for a period of not less than three months prior to the start of the semester/term. Students will be considered in-state residents if they or the person who contributes more than one-half of the student's financial support maintain legal domicile in Maryland, but outside Harford County, for a period of not less than three months prior to the start of the semester/term. Otherwise, a student shall be considered an out-of-state resident. Local addresses that pertain only for the purposes of attending college will NOT be considered for determination of tuition charges.

If information is received which would contradict or call into question the validity of the residency status that was determined at the time of application of enrollment, a student may be asked to provide proof of residency and his/her tuition rate may be affected.

To request a change in residency, students must submit this Change in Residency Form along with appropriate documentation to the Registration and Records Office. A request for a change in residency must be received prior to the start of the semester/term. Otherwise, any approved change in residency will apply to the next semester.

The College shall consider the following factors for substantiation of residency:

1. Ownership or rental of local housing
2. Substantially uninterrupted physical presence, including the months when the student is not in attendance at the College
3. Maintenance in Maryland and in Harford County of all, or substantially all, of the student's possessions
4. Payment of Maryland state and local piggy-back income taxes on all income earned, including income earned out the state
5. Registration to vote in Maryland and Harford County
6. Registration of a motor vehicle in Maryland, with a local address specified, if the student owns or uses such a vehicle
7. Possession of a valid Maryland driver's license with a local address specified, if the student is licensed anywhere to drive a motor vehicle

Questions regarding residency and tuition rates should be referred to the Registration and Records Office.