

**Spartanburg Community College
Residency Certification Form**

*This form with all documentation should be submitted to Enrollment Services or mailed to:
Spartanburg Community College, Enrollment Services, P. O. Box 4386, Spartanburg, SC 29305 Fax Number (864) 592-4564.*

1. Name of Applicant _____
(Last) (First) (MI)
2. Social Security Number: _____
3. Are you: US Citizen Non-US Citizen Permanent Resident *If not a US citizen, attach an official document verifying your immigrant status.*
4. First date of present stay in South Carolina _____ / _____ / _____
Month Day Year
5. In what South Carolina County do you reside? _____
Date present stay in that county began _____ / _____ / _____
Month Day Year
6. **Do you have a South Carolina Driver's License/Permit or I.D.?** Yes No **Issue Date** ____ / ____ / ____
Month Day Year
7. Are you currently considered a resident of another state while you have been living in South Carolina? Yes No
If so, which state? _____
8. **Your present address and phone number:**

Street City/State Zip Area Code/Phone
9. **Full-time** employment for the past year: (If none, please state "none")
Employer _____ **from (Mo. /Yr.)** _____ **To (Mo. /Yr.)** _____
10. Are you a dependent child or spouse? Yes No
If yes, provide the following information for the person who claimed you as a dependent or exemption on last year's federal income tax return:
 - a. Name of person _____ Relationship _____
If the person has legal custody of you, give the date legal custody granted _____
 - b. Citizenship US Citizen Non-US Citizen Permanent Resident
If person is not an US citizen, attach an official document verifying the person's visa status.
 - c. How long has the person been a legal resident of South Carolina? _____.
 - d. **Does he/she have a SC Driver's License?** ___Yes___ No **Issue Date** Mo.____ Date ____ Year ____ (provide a copy of their SC Driver's License).
 - e. Address where the person in item 10 has physically resided for the past year:

Street City/State Zip Area Code/Phone
 - f. **Full-time** employment of person named in item 10 for the past year:
Employer _____ **from (Mo. /Yr.)** _____ **To (Mo. /Yr.)** _____

I have read and understand the information provided for Residency Certification and agree to comply with all governing rules. I certify that all the information provided is true and accurate. I understand that if I provide erroneous information in an attempt to evade payment of higher student tuition and fees, I will be charged retroactively the difference between what I paid and what I should have paid. I also understand that I may be subject to other penalties.

Signature of Applicant

Date