

Hawaii Community College
APPLICATION TO CONVERT RESIDENCY STATUS

The *Hawaii Administrative Rules Title 20 University of Hawaii Chapter 4 Determination of Residency as Applied to Tuition Payments and Admission* provides the procedure whereby the determination of residence status is made for all prospective and current students of the University of Hawaii System. This document may be found online at the following address: <http://www.hawaii.hawaii.edu/future-students/residency.php>.

Please complete and submit this application and supporting documentation, as indicated, PRIOR to the first day of instruction of the semester for which you are applying to convert your residency status. If you have any questions or would like further assistance, please contact the Residency Officer at (808) 934-2710.

(PLEASE PRINT)

Name: _____ UHID: _____
Last First MI

Address: _____ Telephone Number: _____
Street/PO Box City State Zip Code

SECTION I. STUDENT'S RESIDENCY INFORMATION

Physical Presence

I have been physically present in the State of Hawai'i since ____/____/____.
mm dd yy

Have you been absent from the State of Hawai'i since this date? Yes No

If yes, please give dates of and explain the absence(s): _____

State of Hawai'i Personal Income Tax Return

Are you claimed as a dependent on another person's Personal Income Taxes? Yes No If yes, complete Section II, below.

I filed a State of Hawai'i Personal Income Tax Return as a resident of Hawai'i for _____.
Year(s)

Submit a completed Tax Clearance Application (Form A-6) from the State of Hawai'i Department of Taxation, Hilo Office (808) 974-6321 or Kona Office (808) 323-4597.

Voter's Registration

I registered to vote in the State of Hawai'i on ____/____/____.
mm dd yy

Submit a Certificate of Voter's Registration. The cost is \$2.00. Hilo Office (808) 974-6321, Kona Office (808) 323-4597

Employment/Source of Income If you receive government assistance/benefits, list the agency as your source of income.

I have been/was employed with _____ from ____/____/____ to ____/____/____.
Name of Employer/Source of Income mm dd yy mm dd yy

Submit proof of employment (first and most recent paystubs or letter from employer on letterhead) or source of income

Residence

Address: _____ RENT OWN From ____/____/____ To ____/____/____
Street/PO Box City State Zip Code (circle one) mm dd yy mm dd yy

Address: _____ RENT OWN From ____/____/____ To ____/____/____
Street/PO Box City State Zip Code (circle one) mm dd yy mm dd yy

Submit copy of rental agreement(s).

SECTION II. PARENT/LEGAL GUARDIAN'S RESIDENCY INFORMATION (If the student is claimed as a dependent for tax purposes, this section must be completed by the person by whom the student is claimed)

Relationship to Student: _____

Physical Presence

I have been physically present in the State of Hawai'i since ____/____/____.
mm dd yy

Have you been absent from the State of Hawai'i since this date? Yes No

If yes, please give dates of and explain the absence(s): _____

State of Hawai'i Personal Income Tax Return

I filed a State of Hawai'i Personal Income Tax Return as a resident of Hawai'i for _____.
Year(s)

[] If you filed for less than two (2) consecutive years, submit a completed Tax Clearance Application (Form A-6) from the State of Hawai'i Department of Taxation, Hilo Office (808) 974-6321 or Kona Office (808) 323-4597.

Voter's Registration

I registered to vote in the State of Hawai'i on ____/____/____.
mm dd yy

[] Submit a Certificate of Voter's Registration. The cost is \$2.00. Hilo Office (808) 974-6321, Kona Office (808) 323-4597

Employment/Source of Income If you receive government assistance/benefits, list the agency as your source of income.

I have been/was employed with _____ from ____/____/____ to ____/____/____.
Name of Employer/Source of Income mm dd yy mm dd yy

[] If you have less than two (2) years of employment history, submit proof of employment (first and most recent paystubs or letter from employer on letterhead) or source of income

Residence

Address: _____ RENT OWN From ____/____/____ To ____/____/____
Street/PO Box City State Zip Code (circle one) mm dd yy mm dd yy

Address: _____ RENT OWN From ____/____/____ To ____/____/____
Street/PO Box City State Zip Code (circle one) mm dd yy mm dd yy

[] If you have less than two (2) of residence in the State of Hawai'i, submit copy of your rental agreement(s) and/or deed.

 **

APPLICANT'S CERTIFICATION

I certify that the responses provided on the Application to Convert Residency Status are complete and true to the best of my knowledge and belief. I agree to produce certified documents relative to the determination of my residency status upon request and that the provision of incorrect information regarding my residency may subject me to disciplinary measures as provided under the University's Student Conduct Code and the University's rules and regulations governing the determination of residency for tuition purposes. Further, I understand that the UH System shares a common database and information pertaining to me may be accessed by all UH campuses.

Signature: _____

Date ____/____/____
mm dd yy

FOR OFFICE USE ONLY					
REG Hx:	Semester _____	Credits _____	Semester _____	Credits _____	
	Semester _____	Credits _____	Semester _____	Credits _____	Credits _____
CONVERSION:	APPROVED	DENIED	Date: ____/____/____	RO Initials: _____	
Notes	_____				
