

SECTION 4: RESIDENCY INFORMATION FOR PERSON UPON WHOM PETITIONER IS FINANCIALLY DEPENDENT

Name of person upon whom petitioner is financially dependent:					
(To be completed by the person who has financially supported or claimed the petitioner as a dependent on the most recent state income tax return.)					
1)	1) Did you own or rent or occupy living quarters in Maryland for the 12-month period prior to the last date for the petitioner to register for classes? Yes No If No , attach an explanation.				
	List living quarters for the 12-month period prior to the last date to register for classes.				
	Address (Street Address, City and State) Dates of Occupancy From (mm/dd/yyyy) To (mm/dd/yyyy)				
	 Attach, for the 12-month period prior to the last date for the petitioner to register for classes: a photocopy of your deed(s) or lease agreement(s) (if your name does not appear on the deed or lease, then provide a notarized statement from the deed or leaseholder specifying the address and dates of occupancy), and if you provide a lease, also provide cancelled rent checks (front and back of checks) or evidence of payment from your rental agent if cancelled rent checks are not available or applicable, and a statement of your 12-month residence history. 				
2)	2) Are all, or substantially all, of your personal property such as household effects, furniture, and pets in the State of Maryland? Yes No If No , attach an explanation.				
3)	Have you been employed within the past two years? Yes No If Yes, list all employers (most recent first) for the past 2 years. Use a separate sheet if necessary.				

	Name of Employer	Address (City and State)	Dates of Employment
			(month/year to month/year)
ı			

4) Will you claim or have you claimed the petitioner as your dependent on your state income tax returns for the tax year(s) during the 12-month period prior to the last date for the petitioner to register for classes?
Yes
No
If No, attach an explanation.

Attach:

- photocopies of your most recent paystub(s) from all employers listed and
- signed and filed state income tax returns* with all attachments and W-2 forms or 1099(s) from all
 employers for the tax year ending within the 12-month period prior to the last date for the petitioner to
 register for classes,
 and
- if you did not file a Maryland state income tax return for that tax year, please attach an explanation,
- if you filed state income tax returns in another state or more than one state, please attach all returns and an explanation.
- * For Maryland Income Tax returns, attach Maryland Comptroller's certified copies of each Maryland tax return.

(To obtain Maryland Comptroller's certified copies, complete Maryland Comptroller's Office Form 129 found at https://marylandtaxes.gov/forms/current_forms/129.pdf)

The petitioner will include this completed form and all of your required documentation with their petition submission.

I affirm that I have read the USM Policy on Student Classification for Admission and Tuition Purposes and am aware of the requirements for establishing in-state status that apply to my category.

I hereby swear and affirm that all information I have provided is accurate and complete, and that all documents attached are true and unaltered copies of the original documents requested. I understand that failure to include all requested documents will delay the processing of the petition or cause it to be denied. If false or misleading information is submitted, the University may, at its discretion, revoke in-state status and take disciplinary action, including suspension or expulsion. I agree to notify Towson University, in writing, within 15 days of any change of circumstances that may alter the student's eligibility for in-state status.

Signature of person upon whom student is	dependent	Date
Signature of Notary Public		My commission expires on: (Date
Sworn to and subscribed before me thisday	of 20_	