

**MASSACHUSETTS BOARD OF HIGHER EDUCATION
PETITION FOR IN-STATE CLASSIFICATION FOR TUITION PURPOSES**

Name	Social Security #	Date of Birth	
Former Name (if applicable)	Home Telephone #	Work Telephone #	
Address: Street	City	State	Zip Code
Name of Institution attending	Semester	Year	
Have you filed previously? ___ Yes ___ No If yes: Semester _____ Year _____			

Part 1. Purpose of Filing (check only one)

- A. () I am seeking to demonstrate financial dependence on a parent or spouse who has maintained domicile in Massachusetts for at least twelve consecutive months immediately prior to the deadline for the term mentioned above and further, I intend to show that this dependence has existed for that same twelve month period.

Name of person upon whom you are claiming financial dependence:

Relationship to petitioner: _____

Please complete Parts 2, 3, 4 and 7 of this petition.

- B. () I am seeking to demonstrate financial independence and Massachusetts domicile for at least twelve consecutive months prior to the deadline for the term indicated above.

Please complete Parts 2, 3, 4 and 7 of this petition.

If you are under 25 years old, your parent(s) or spouse must complete Part 4 and submit notarized photocopies of their most recently filed federal and state income tax forms. Only parents of petitioners filing as independent students may blank out the dollar amounts on their tax returns.

- C. () I am seeking to demonstrate that: (please check one)
___ I am a graduate assistant at the University of Massachusetts.
___ my spouse (indicate name: _____) is a graduate assistant at the University of Massachusetts.
___ my parent (indicate name: _____) is a graduate assistant at the University of Massachusetts.

Please complete parts 5 and 7 of this petition.

- D. () I am seeking to demonstrate that: (please check one)
___ I am a full-time member of the Armed Forces of the United States, stationed in Massachusetts.

___ my spouse (indicate name: _____) is a full-time member of the Armed Forces of the United States, stationed in Massachusetts.

___ my parent (indicate name: _____) is a full-time member of the Armed Forces of the United States, stationed in Massachusetts.

Please complete Parts 6 and 7 of this petition.

Note: If you are a dependent child of a member of the Armed Forces of the United, you must also file under criteria 1A to verify dependent status.

E. () I am seeking to demonstrate that: (please check one)

___ I am a full-time employee of the Board of Higher Education

___ my spouse (indicate name: _____) is a full-time employee of the Board of Higher Education

___ my parent (indicate name: _____) is a full-time employee of the Board of Higher Education

___ I am a full-time employee of (name of institution) _____

___ my spouse (indicate name: _____) is a full-time employee of (name of institution) _____

___ my parent (indicate name: _____) is a full-time employee of (name of institution) _____

Please complete Parts 5 and 7 of this petition.

Part 2. FINANCIAL INFORMATION OF PETITIONER

A. List all employers (last one first) for the past two years. (use separate sheet if necessary)

From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT
From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT
From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT
From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT
From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT

B. List actual years that you have filed Massachusetts income tax returns within the past three years: _____

C. List actual years you have filed tax returns in another state within the past three years: _____

D. If you did not file a tax return in Massachusetts within the past twelve months, state reason(s): _____

E. Will you file a Massachusetts tax return for the current year? Yes No

1. If no, state reason(s) _____
2. If yes, how will you file?
 - Single person
 - Married person filing a joint return
 - Married person filing a separate return
 - Other, please _____

explain: _____

If yes, will you pay Massachusetts income tax on **all** earned taxable income, including **all** taxable income earned outside the State of Massachusetts for the current year? Yes No

F. Will you file a tax return in another state for the current year? Yes No

If yes, indicate name of state: _____

G. Will you be claimed as a dependent on the state or federal income tax returns by any other person for the current year? Yes No

If yes, indicate name and relationship of person who will claim you:

Name: _____ Relationship: _____

H. If employed, is Massachusetts income tax currently being withheld? ___Yes ___No

I. Do you receive any type of financial aid (loan, scholarship, grant) from a state other than Massachusetts? ___Yes___No

If yes, indicate name of state: _____
(Please attach notarized photocopies of all agreements)

J. Provide sources of funds and expenses as required below:
(Please attach notarized photocopies of all sources of funds)

Source Of Income	Most recent six months From _____ To _____	Prior six months From _____ To _____	Total for 12 Month period
Self	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____
Guardian	_____	_____	_____
Spouse	_____	_____	_____
VA Benefit	_____	_____	_____
Social Security	_____	_____	_____
Alimony	_____	_____	_____
Scholarships/Grants	_____	_____	_____
Loans (Type _____)	_____	_____	_____
(Type _____)	_____	_____	_____
Other (explain)	_____	_____	_____
TOTAL	_____	_____	_____

Expenses	Most recent six months From _____ To _____	Prior six months From _____ To _____	Total for 12 Month period
Rent/mortgage	_____	_____	_____
Utilities	_____	_____	_____
Food	_____	_____	_____
Medical/Dental	_____	_____	_____
Tuition & fees	_____	_____	_____
Books	_____	_____	_____
Supplies	_____	_____	_____
Transportation	_____	_____	_____
Insurance-auto	_____	_____	_____
Insurance – other	_____	_____	_____
Clothing	_____	_____	_____
Recreation	_____	_____	_____
Miscellaneous	_____	_____	_____
(_____)	_____	_____	_____
(_____)	_____	_____	_____
(_____)	_____	_____	_____
TOTAL	_____	_____	_____

Part 3. DOMICILE OF PERSON ON WHOM IN-STATE DETERMINATION IS TO BE BASED

Name of person completing this section Relationship to petitioner

- A. Do you own ___ or rent ___ and occupy real property in Massachusetts as your domicile on a year-round basis? ___ Yes ___ No

Attach photocopies of rent receipts, lease or mortgage for at least the 12 consecutive months immediately prior to the deadline for the term.

1. _____
Current address: street City State Zip Code

Dates at this residence: From: _____ To: _____
Mo./day/yr. Mo./day/yr.

2. Last previous residence (if less than twelve months at current address):

Previous address: Street City State Zip Code

Dates at this residence: From: _____ To: _____
Mo./day/yr. Mo./day/yr.

- B. Are you a citizen of the United States? ___ Yes ___ No

If not:

1. Type of visa: _____
2. Alien registration number: _____
3. Date of issue: Month _____ Day _____ Year _____

Attach a photocopy of visa or permanent resident card.

- C. Are all of your possessions in the state of Massachusetts? ___ Yes ___ No

- D. Are you currently registered to vote? ___ Yes ___ No

If yes: What state: _____ Date of registration: _____

Attach a photocopy of voter registration.

- E. Do you have a current motor vehicle operator's license. ___ Yes ___ No

1. In what state was it issued? _____ Date of issue: _____
2. If you have had a Massachusetts license 6 months or less, were you licensed in another state previously? ___ Yes ___ No

If yes:

- a. What state: _____
- b. Date of issue: _____ Expiration date: _____

Attach a notarized photocopy of your motor vehicle operator's license.

F. Do you own a motor vehicle? ___Yes ___No If yes, how many vehicles_____

Complete the following information for each vehicle owned:

Vehicle #1

1. In what state is it registered? _____ Date: _____
2. If your car has been registered in Massachusetts 12 months or less, was it registered in another state? ___Yes___No
If yes, name of state: _____ Date: _____

Vehicle #2

3. In what state is it registered? _____ Date: _____
4. If your car has been registered in Massachusetts 12 months or less, was it registered in another state? ___Yes___No
If yes, name of state: _____ Date: _____

Attach a notarized photocopy of registration for all owned motor vehicles.

G. Do you have the use of a motor vehicle registered in another person's name? ___Yes ___No

If yes:

1. Name: _____ Relationship to petitioner: _____
2. Who pays for the insurance? _____ Annual amount: _____
3. Who pays for maintenance? _____ Annual amount: _____

Attach a notarized photocopy of the motor vehicle registration.

Part 4. FINANCIAL INFORMATION OF PARENT(S) OR SPOUSE

Name of person completing this section Relationship to petitioner

Please attach notarized photocopies of most recently filed federal and state income tax forms.

A. List all employers (last one first) for the past two years. (use separate sheet if necessary)

From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT
From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT
From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT
From (mo./day/yr.)	To (mo./day/yr.)	Employer	Salary	FT/PT

B. List actual years that you have filed Massachusetts tax returns within the past 3 years: _____

C. List actual years that you have filed tax returns in another state within the past 3 years: _____

D. If you did not file a tax return in Massachusetts within the past 3 years, please state reason(s): _____

E. Will you file a Massachusetts tax return for the current year? Yes No

1. If not, state reason: _____

2. If yes, how will you file?
 single person
 married person filing a joint return
 married person filing a separate return
 Other, please explain: _____

Will you pay Massachusetts income tax on **all** taxable income including **all** taxable income earned outside the state of Massachusetts for the current year? Yes No

F. Will you file a tax return in another state for the current year? Yes No
If yes, name of state: _____

G. If employed, is Massachusetts income tax currently being withheld? Yes No

H. Will you claim the petitioner on your federal and state income tax returns as a dependent for the current year? Yes No

I. Please provide the amount of financial support which you have provided the petitioner during:
Last six months \$ _____ Date: from _____ to _____
Previous six months \$ _____ Date: from _____ to _____

**PART 5. INFORMATION PERTAINING TO FULL-TIME EMPLOYEES AT THE BOARD OF
HIGHER EDUCATION AND/OR GRADUATE ASSISTANTS AT THE
UNIVERSITY OF MASSACHUSETTS**

A. Name of full-time employee Relationship to petitioner

Attach a letter confirming full-time employment from your personnel office.

B. Are you a graduate assistant? ___ Yes
___ No

If yes, attach a letter confirming this appointment from your academic department, indicating beginning and ending dates of appointment.

PART 6 INFORMATION PERTAINING TO MEMBER OF THE ARMED FORCES

Name of person completing this section

Relationship to petitioner

A. Are you a full-time member of the Armed Forces of the United States? Yes No

Attach a notarized photocopy of most recent orders.

B. What is your expected date of separation from the Armed Forces? _____

C. Are you presently stationed in the State of Massachusetts? Yes No

If yes, date you became stationed in Massachusetts: _____

PART 7. SIGNATURE OF PETITIONER, PARENT(S) AND/OR SPOUSE

I hereby swear/affirm that the answers given in this petition are accurate and complete, and that all documents attached hereto are true and unaltered copies of the original documents requested. I understand that failure to include all documents will render the petition invalid. If the circumstances change, affecting the tuition status requested by this petition, I agree to notify the institution in writing within 15 days of such change.

Signature of Petitioner Date

Sworn to and subscribed before me this _____
Date: mo./day/year

Signature of Notary Public My commission expires

Signature of Parent (completing this form) Date

Sworn to and subscribed before me this _____
Date: mo./day/year

Signature of Notary Public My commission expires

Signature of Spouse (completing this form) Date

Sworn to and subscribed before me this _____
Date: mo./day/year

Signature of Notary Public My commission expires

Submit completed Petition and supporting documentation to: Bridgewater State College, Office of Fiscal Affairs, Boyden Hall, Room 111, 131 Summer Street, Bridgewater, MA 02325