

2026-2027 South Carolina Residency Evaluation Form: **Instructions**

Office of Financial Aid & Scholarships | 864-231-7555 | aid@andersonuniversity.edu | 316 Boulevard, Anderson SC, 29621

Please read carefully and follow all necessary steps. Incomplete forms will delay processing, and you will be deemed ineligible for state aid until a correct form is on file. Please contact the Office of Financial Aid & Scholarships for any assistance.

**ANSWER ALL QUESTIONS ON BOTH PAGES OF THE FORM.
PROVIDE COMPLETE PHYSICAL SIGNATURES.
UPLOAD ALL REQUIRED DOCUMENTS.**

Step-by-Step Instructions

Student Information (top of page 2)

- Student's full legal name
- AU ID (P000XXXXX) and Social Security Number
- Student's primary living address (not mailing address)

Q1. Who provides your support OR claims you as a dependent?

- Must match the information reflected on the FAFSA.
- The rest of this form will be answered using this person's information.
- If there is a mismatch or question about financial support, contact aid@andersonuniversity.edu for assistance.

Q2. Permanent Physical Address of Person Named in Q1.

- Enter the primary living address (not mailing address or P.O. Box).
- If the address does not match the student and/or FAFSA, supplemental documentation may be required.

Q3. Citizenship Status of Person Named in Q1.

- U.S. Citizen → Select "Yes"
- Permanent Resident → Select "No" and attach green card.
- Neither → contact aid@andersonuniversity.edu for assistance.

Q4. S.C. Residency Status of Person Named in Q1.

- If the Person Named in Q1 has not lived in S.C. continuously for the past 12 months, select "No" and contact aid@andersonuniversity.edu.

Q5. List the date that the Person Named in Q1 moved to S.C.

- Lifelong S.C. residents must enter their date of birth (MM/DD/YYYY).

Q6. Does the Person Named in Q1 have a valid S.C. ID?

- If so, then list the License/ID Issue Date (MM/DD/YYYY).

Q7-8. Vehicle registrations for the Person Named in Q1.

- List the number of motor vehicles and registration details.
- Date(s) provided must be accurate.
- The number of vehicles in Q7 must match registration details in Q8.
- Attach a separate sheet if there are more than 5 registered vehicles.
- If the Person Named in Q1 has no registered vehicles, contact aid@andersonuniversity.edu to sign the No Motor Vehicle Statement.

Q9. Did the Person Named in Q1 file a S.C. Income Tax Return?

- If so, select "Yes" and select the appropriate tax return status.
- If not, verify if an income tax return was filed for another state, or submit a copy of an IRS Verification of Non-Filing Letter.

Q10. Military Status of the Person Named in Q1.

- List this person's state of residence.
- Submit active-duty papers or Leave and Earnings Statement.

Acceptable Documentation

Residence: Mortgage statement or lease statements that include the original date of domicile was established.

Driver's License or State ID: clear copy of the front **AND** back of state-issued identification for **BOTH** the student and Person Named in Q1 (if not self).

Vehicle Registration: Clear copy of **ALL** current vehicle registrations for all motor vehicles listed in Q8. (Original registration is not required.). If **no** vehicle is owned or co-owned, contact aid@andersonuniversity.edu to receive and sign the No Motor Vehicle Statement.

Tax Filing: Signed copy of the 2025 S.C. State Income Tax Return. If **no** state tax return was filed, provide a copy of an IRS Verification of Non-Filing Letter.

Citizenship (non-U.S. citizens): Copy of the front **AND** back of official documentation (e.g., permanent resident green card, etc.).

Military (if applicable): copy of active-duty papers or LES (Leave and Earnings Statement)

How to Retrieve IRS Verification of Non-Filing Letter

Option One: Online (www.irs.gov)

1. Select Get My Tax Return → Get Transcript Online.
2. Log in or create an account.
3. Select **Verification of Non-Filing Letter** for the relevant tax year.
4. If you cannot verify your identity, choose **"Get Transcript by Mail"**
5. Sign and submit the letter (if requested) and include the **student's full name and Anderson ID** (P000XXXXX).

Option Two: Paper Request ([IRS Form 4506-T](https://www.irs.gov/efile/irs-form-4506-t))

1. Download and complete lines 1-4.
2. Line 6: Enter **1040**.
3. Line 7: Select **"Verification of Non-Filing"**
4. Line 9: Enter the **period** requested (MM/DD/YYYY).
5. **Sign, date**, and include active phone number.
6. **Mail or fax** to the address on page 2 of the IRS form.

You should receive the Verification of Non-Filing Letter within **10 days**. Upon receipt, submit the letter to AU with your **full name & AU student ID** (P000XXXXX) as an attachment with your completed Residency Evaluation Form.



2026-2027 South Carolina Residency Evaluation Form

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Student Full Name: _____

Student SSN (*last 4 digits*): XXX-XX- _____ AU Student ID: _____

Address: _____ City: _____ State: _____ Zip: _____

The HOPE, LIFE, Palmetto Fellows, and S.C. Tuition Grant programs require that recipients certify that they are South Carolina residents. The student (or the person who provided at least half of the student's support or claimed the student as a dependent) must be a South Carolina resident for at least 12 months prior to the start of the term of enrollment at AU.

NOTE: No person is eligible for South Carolina residency status unless s/he (a) is domiciled within South Carolina for 12 consecutive months immediately preceding the term of enrollment **or** (b) meets a residency exemption under South Carolina law. ***The burden of proof is on the student.***

1. Who provides at least half of your financial support **or** claims you as an exemption on a federal income tax return?

- a. If you are listed as a **dependent** on your FAFSA, please match this form to your primary FAFSA parent.
- b. If you claimed yourself, list your full legal name & "**SELF**" as the relationship.

_____ Full Legal Name

_____ Relationship to Student

2. List the **Permanent Physical Home Address** (No P.O. Box) of the Person Named in **Q1**.

_____ Street

_____ City

_____ State

_____ Zip

3. Is the Person Named in **Q1** a **U.S. Citizen**? Yes No

4. Has the Person Named in **Q1** lived in South Carolina **continuously for the past 12 months**? Yes No

5. Please list when the **present stay** in South Carolina began for the Person Named in **Q1**? If this person has been a lifelong S.C. resident, please list their date of birth. _____ (MM/DD/YYYY)

6. Does the Person Named in **Q1** have a **valid S.C. driver's license or State ID**? Yes No

a. If **YES**, list the **License/ID Issue Date**: _____ (MM/DD/YYYY)

7. How many **motor vehicles are registered** to the Person Named in **Q1**? _____

(continue onto the next page)

8. For each motor vehicle counted in **Q7**, list the state and **original registration date**. If there are more than five registered vehicles, please attach a separate sheet for the additional vehicles.

Vehicle 1 State: _____ Original Registration Date: _____ (MM/DD/YYYY)

Vehicle 2 State: _____ Original Registration Date: _____ (MM/DD/YYYY)

Vehicle 3 State: _____ Original Registration Date: _____ (MM/DD/YYYY)

Vehicle 4 State: _____ Original Registration Date: _____ (MM/DD/YYYY)

Vehicle 5 State: _____ Original Registration Date: _____ (MM/DD/YYYY)

9. Did the Person Named in **Q1** file a **2025 South Carolina income tax return**? Yes No

a. If **YES**, what was the Tax Return Status? Full Year Part Year Non-Resident

b. If **NO**, submit a copy of the IRS Verification of Non-Filing Letter **OR** list the state for which an income tax return was filed here: _____.

10. Is the Person Named in **Q1** stationed in S.C. on **active military duty**? Yes No

a. If **YES**, provide a copy of active-duty papers or Leave and Earnings Statement (LES) for this person. Also, list the state of legal residence for this person: _____

11. Please provide legible copies of **ALL** of the following documents for proof of residency:

a. **RESIDENCE**: Proof of an established and primary domicile in South Carolina (e.g., Mortgage Statements, Lease Agreement, etc.) including the date such domicile was established; **AND**,

b. **IDENTIFICATION**: Copy of the South Carolina Driver's License, **or** if a non-driver, a South Carolina identification card for **BOTH** the student and the Person Named in Q1 (if not self); **AND**,

c. **VEHICLE**: Copy of the South Carolina Vehicle Registration Card(s) for **each** vehicle owned or co-owned; or a signed No Motor Vehicle Statement declaring no vehicle is owned and registered in any state (available upon request to aid@andersonuniversity.edu); **AND**,

d. **TAX FILING**: Copy of the **2025 South Carolina State Income Tax Return**. If no state tax return was filed, then please provide a copy of an IRS Verification of Non-Filing Letter.

❖ **CITIZENSHIP**: If the Person Named in Q1 is **NOT** a U.S. citizen, please also attach a copy of official documentation verifying permanent resident / immigrant status.

Sign Legibly (First and Last Name) with Pen or Computer Drawing Tool

I certify that all the information given is true and accurate. I understand that if I provide erroneous information in an attempt to qualify for financial assistance programs based on State residency, I must repay the State of South Carolina for funds fraudulently received and will be subject to applicable civil or criminal penalties. I also understand that I may be asked to provide additional information, documentation or clarification.

Physical Signature of Student

Date

Physical Signature of the Person Named in Q1 (if not self)

Date