



East Carolina University Parent's Affidavit

Date: _____

Name of Applicant _____ Age _____
(First) (Middle) (Last)

Address of Applicant _____
(Street or PO Box) (City) (State) (Zip)

Information below is to be completed by (A) the father if living or (B) the mother if father is deceased or if mother has court appointed custody because of divorce. Supporting documentation may be requested.

.....
Name & Address of Applicant's Parent or Guardian _____
(First) (Middle) (Last)

(Street or PO Box) (City) (State) (Zip)

Amount of financial support (including room & board) provided by parent(s) or guardian during the last twelve (12) months: \$ _____

Amount of financial support (including room & board) to be provided by parent(s) or guardian during the next twelve (12) months: \$ _____

Did either parent claim the applicant as an exemption for federal income tax purposes on his or her last return? ____ Yes ____ No

Does either parent intend to claim the applicant as an exemption for federal income tax purposes during the current calendar year? ____ Yes ____ No

Did either parent claim the applicant as an exemption for state income tax purposes on his or her last return? ____ Yes ____ No

Does either parent intend to claim the applicant as an exemption for state income tax purposes during the current calendar year? ____ Yes ____ No

Did applicant reside in your home during any part of the preceding calendar year? ____ Yes ____ No If yes, how many months did applicant reside in your home? _____ Did applicant pay room and/or board charges? ____ Yes ____ No Amount \$ _____.

Will applicant reside in your home during any part of the current calendar year? ____ Yes ____ No If yes, how many months will applicant reside in your home? _____ Will applicant pay room and/or board charges? ____ Yes ____ No Amount \$ _____.

Has the applicant been included on the family health and accident insurance plan during the past twelve (12) months? ____ Yes ____ No

Will the applicant be included on the family health and accident insurance plan during the next twelve (12) months? ____ Yes ____ No

If the parents or spouse are in the military service, has the applicant had a dependent's ID card during the previous twelve (12) months? ____ Yes ____ No

PARENT'S STATEMENT

I hereby certify that the above applicant is applying with my knowledge for in-state residency status at East Carolina University, Greenville, North Carolina, and that all of the information I have provided is true to the best of my knowledge.

DATE SIGNATURE OF PARENT OR GUARDIAN
Explanatory comments may be made on the reverse side of this form.

.....
Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____, at _____

(City) (State)

(Official Seal)

NOTARY PUBLIC

My commission expires _____