

As further evidence that the applicant has established a home of permanent nature in Arkansas as manifested by Good Faith Acts, please respond to the following:

If employed, have you ever filed an Arkansas state tax return? Yes _____ No _____

Do you have a current Arkansas driver's license? Yes _____ No _____
If yes, County of issue _____

If you own a vehicle, is the automobile registered in Arkansas? Yes _____ No _____ NA _____

Where are you registered to vote? _____
(or N/A if not registered) State _____ County _____ Registration Number _____

Parents: Married _____ Divorced _____ Separated _____ Single _____ Deceased _____

Father:

Mother:

Name

Name

Present Address

Present Address

City / State / Zip code

City / State / Zip code

Are your parents currently residents of Arkansas? (yes/no) Father _____ Mother _____

If yes, for how long (years/months)? Father: _____ Mother: _____

Are you self-supporting? No _____ In Part _____ Entirely _____

Are you claimed as a dependent for state and/or federal income tax purposes by:

Parent(s): Yes ___ No ___ **Spouse:** Yes ___ No ___ NA ___ **Other:** Yes ___ No ___

Do you claim residence in another state for any purpose? _____
Yes No If Yes, what State?

Please use this section to provide any additional or clarifying comments:

By signing this form, I attest that all information is true and accurate and I am responsible for notifying the University of Arkansas for Medical Sciences, College of Medicine, Office of Medical Student Admissions of any changes which might affect residency status. I understand that any applicant who knowingly gives erroneous information or fails to present corrected or updated information may be subject to dismissal from the College of Medicine's application process or its medical school programs.

Applicant Name (your typed name will be your signature)

Date