

Supplemental Residency Question Form

Residence Reclassification Request Form

OFFICE USE ONLY			
ACTION:			
Classification:	<input type="checkbox"/> R	<input type="checkbox"/> NR	
Reclassification:	<input type="checkbox"/> R	<input type="checkbox"/> NR	
By _____	Date: _____		

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last First Middle Initial

Present Address \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Term Requesting Reclassification \_\_\_\_\_ Campus \_\_\_\_\_  
 Term Year

The information requested is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code Section 68062. Failure to answer all questions may cause you to be classified as a nonresident. You may submit other information that you believe will establish your California residence. A summary of the regulations is printed in the college catalog.

1. What state do you regard as your permanent home? \_\_\_\_\_

2. If California, when did your present stay begin? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

3. List places you lived, dates and the parent with whom you resided before present stay in California began:

FROM	TO	STATE	PARENT

4. Citizen status (check one):  U.S. Citizen  J Visa/M Visa  
 Immigrant I-551  Refugee/Asylee/PIP  
 "green card"  Other Visa \_\_\_\_\_  
 F Visa  None of the above

Issue Date of I-551 or Visa:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

5. Are you claimed as a dependent on the military record of any member of the U.S. armed forces?  Yes  No  
 If "yes," explain relationship and answer No. 7 as it pertains to the service system \_\_\_\_\_

6. If you will be 19 years of age or older by the residence determination date (one year prior to the first day of the term), answer numbers 7 through 18 as they pertain to you. If you will be younger than 19 years of age by the residence determination date, answer this item giving the name and address and other requested information about the natural or adopted parent with whom you most recently resided, or if both parents are deceased, about your legal guardian: then complete numbers 7 through 18 as they pertain to the parent or guardian whose name you will provide below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

State regarded by that person as permanent home \_\_\_\_\_

Permanent address \_\_\_\_\_

Present actual whereabouts \_\_\_\_\_

How long (continuously) living in California, if at all \_\_\_\_\_

7. Member or veteran of U.S. armed forces? Yes No Date joined \_\_\_\_ / \_\_\_\_ / \_\_\_\_ From what state \_\_\_\_\_

Most recent permanent address on military records \_\_\_\_\_  
 Where stationed \_\_\_\_\_ Date separated from  
 and dates \_\_\_\_\_ active duty, if any \_\_\_\_ / \_\_\_\_ / \_\_\_\_

8. Ever registered to vote?  Yes  No State \_\_\_\_\_ Date Registered \_\_\_\_\_ Date Last Voted \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Do you possess a valid driver's license? Yes No
- |              |                    |                       |
|--------------|--------------------|-----------------------|
| <u>State</u> | <u>Date Issued</u> | <u>License Number</u> |
| _____        | ___ / ___ / ___    | _____                 |
| _____        | ___ / ___ / ___    | _____                 |
10. Current registration of all motor vehicles owned \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- |       |       |      |       |       |      |
|-------|-------|------|-------|-------|------|
| State | Month | Year | State | Month | Year |
|-------|-------|------|-------|-------|------|
11. Are all personal effects located in California?  Yes  No If "No," attach explanation.
12. List the state and year in which last three state income tax returns were filed on total income: \_\_\_\_\_
- |       |      |       |      |       |      |
|-------|------|-------|------|-------|------|
| State | Year | State | Year | State | Year |
|-------|------|-------|------|-------|------|
- |             |                 |             |
|-------------|-----------------|-------------|
| <u>Date</u> | <u>Location</u> | <u>Date</u> |
| _____       | _____           | _____       |
13. Purchase date(s) and location(s) of California real property owned: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_
14. Purchase date(s) and location(s) of other real property owned: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_
15. Source of financial support for the past year \_\_\_\_\_
16. Were you employed in California in the past year?  Yes  No
- Employer \_\_\_\_\_ From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_
17. Address shown on current W-2 form \_\_\_\_\_
18. Active California banking account(s) \_\_\_\_\_
- |      |             |      |             |
|------|-------------|------|-------------|
| Bank | Date Opened | Bank | Date Opened |
|------|-------------|------|-------------|

**Student Financial Independence Status**

Education Code Section 68044 requires that the financial independence of a nonresident student seeking reclassification as a resident be included in the factors to be considered in the determination of residence. Therefore, please answer all of the following questions.

1. Will your parent(s) claim you as a dependent exemption for state and federal tax purposes for the current calendar? .....  Yes  No
2. Were you claimed as an exemption for State and federal tax purposes by your parent(s) in any of the past three calendar years? .....  Yes  No
3. Have you received or will you receive more than \$750 per year in financial assistance from your parent(s) in the current calendar year? .....  Yes  No
4. Did you received more than \$750 per year in financial assistance from your parent(s) in any of the three past calendar years? .....  Yes  No
5. Have you lived or will you live for more than six weeks with your parent(s) during the current calendar year? .....  Yes  No
6. Did you live for more than six weeks with your parent(s) during any of the three past calendar years?..  Yes  No
7. Are your parents California residents? .....  Yes  No

**Certification -- to be read and signed by all students completing this form**

I certify under penalty of perjury, or after first being duly sworn, that the foregoing statements and any other information submitted by me in connection with the determination of my residence are true, complete and accurate. I certify (swear) that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the facts upon which the residence determination was made, such as the state of residence and military status of my parent(s) if I am a minor, or, if not, changes in any of the above for me or my spouse. I authorize release of any information submitted by me in connection with my application for admissions and determination of residence to any person, firm, corporation, association or government, whether federal, state, local, or foreign, but only as necessary to verify or explain the information, to obtain pertinent records, or in connection with perjury proceeding.

Signed at: \_\_\_\_\_

City and County	Applicant's Signature	Date
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