

RESIDENCY FORM

Na	me:			G #:						
	First Name	Last name								
Pre	esent Address:	City		ate Zip Code	Birth Date	:/	_/			
		·	50	•	,					
Ter	m Requesting Reclassificatio	n:	Year	Phone #:	: () _					
pı as	ne information requested is curposes pursuant to Education in the submitted in the regulations is the regulations is	on Code Section 680 nit other information	062. Failure on that you	to answer all que	stions may	cause you to be	classified			
1.	What state do you regard as	s your permanent h	iome?							
2.	If California, when did your present stay begin? / / /									
3.	List places you lived, dates and the parent (if appropriate) with whom you resided <u>before present stay</u> in California began:									
	FROM	ТО		STATE		PARENT				
4.	Citizen status (check one):	U.S. Citizen Immigrant I-55 "green card" F Visa	1	Visa / M Visa Refugee / Asylee / Other Visa None of the above		Issue Date of I- Month Day	/			
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:									
	State regarded by that person as permanent home:									
	Permanent address:									
	Present actual whereabouts:									
	How long (continuously) living in California, if at all:									
7.										
8.	Ever registered to vote? [<u>State</u>	Date Registered	<u>d</u> <u>D</u>	ate Last Voted				
						// //				

9.	Do you possess a valid driver's license? Yes No	<u>State</u>	<u>Date Issued</u>	<u>Lic</u>	cense Numbe	<u>er</u>					
			//								
			///								
10.	Current registration of all motor vehicles owned: 1.		/ 2	 State	/	 ear					
11.	Are all personal effects located in California? Yes										
12.	List the state and year in which last three state										
	income tax returns were filed on total income: 1State			3 Year	State	 Year					
		e Year	State	Teal	State	rear					
13.	Purchase date(s) and location(s) of California real property owned: 1//		2 /	1							
	Date	City	/	/ Date	City						
14.	Purchase date(s) and location(s)										
	of other real property owned: 1/	City State	2/	_/	City, State						
4.5					City, State						
	Source of financial support for the past year:										
16.	Were you employed in California in the past year? Yes	s No									
	Employer:	From	_/T	o/	_/						
17.	Address shown on current W-2 form:										
18.	Active California banking account(s):										
	Bank	Date (Opened	Bank	Date	Opened					
	dent 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 the following											
	estions.	ermination of	rresidence. Therefor	e, piease ansv	ver all the fol	iowing					
-	Will your parent(s) claim you as a dependent exemption fo	r state and fe	deral tax purposes f	or the							
	current calendar?				Yes	☐ No					
	Were you claimed as an exemption for state and federal ta										
	past three calendar years? Have you received or will you receive more than \$750 per y					∐ No					
	in the current calendar year?				Yes	☐ No					
	Did you receive more than \$750 per year in financial assista past calendar years?	•			\Yes	No					
	Have you lived or will you live for more than six weeks with	•	-								
	calendar year?					☐ No					
	Did you live for more than six weeks with your parent(s) du	• .	•	•	_	☐ No					
7.	Are your parents California residents?				Yes	☐ No					
d th m	rtification — to be read and signed by all students concertify under penalty of perjury, or after first being duly sworn, that the for etermination of my residence are true, complete and accurate. I certify (spere is a change in any of the facts upon which the residence determination, or, if not, changes in any of the above for me or my spouse. I authord dmissions and termination of residence to any person, firm, corporation, and overify or explain the information, to obtain pertinent records, or in connections.	oregoing stateme swear) that so loo on was made, su rize release of ar association or go	ents and any other informing as I am a student at the chart at the cha	is institution, I will ce and military sta by me in connecti	advise the reside tus of my paren ion with my app	lence clerk if t(s) if I am a lication for					
_	Applicant's Signature			Date							
	Office Resident Non-resident Foreign	Pending									
'	Term: Winter Spring Summer			Approved	☐ Denied						
	Use By		D-4-								
	Only May Reapply: Winter Spring Summer		Date								