

STATEMENT OF RESIDENCY

All applicants must complete this entire section. - DO NOT LEAVE ANY QUESTION BLANK.

NOTE: If additional information is needed to determine your residence status, you will be required to present evidence in accordance with Educational Code Sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence is the responsibility of the student.

Full Name (Please Print)	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					-			-				
				-			-						
First _____ Last _____	SSN												

1. Are you a U.S. Citizen? <input type="checkbox"/> (US) Yes (If you are NOT an U.S. Citizen, you must give the information below)		
(NOTE: both items A and B must be completed.)		
A. Immigration Status (mark appropriate category below, then list card or visa number and date issued).		
<input type="checkbox"/> (PE) Permanent or Resident Visa	Immigration Card Number _____	Date Issued _____
<input type="checkbox"/> (TE) Temporary Resident	Immigration Card Number _____	Date Issued _____
<input type="checkbox"/> (RE) Refugee/Asylee	Immigration Card Number _____	Date Issued _____
<input type="checkbox"/> (ST) Student Visa (F-1 or M-1)	Visa Number _____	Date Issued _____
<input type="checkbox"/> (OT) Other Status	Visa Type _____ Visa Number _____	Date Issued _____
B. Country of Citizenship or Origin _____		

2. Do you claim California as your permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If YES, you must answer questions A through D below.)		
A. Are you registered to vote in California? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. In what state did you last file a State income tax return? _____ Year? _____		
C. Are any of the following persons currently on ACTIVE military duty with (or discharged within the last 12 months from) the U.S. Armed Forces? (Please mark all appropriate persons.)		
<input type="checkbox"/> None <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent or Guardian		
D. Have you lived at your present address for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, list all previous addresses you have had in the past TWO years:		

Address:						
No.	Street	Apt.	From: (Mo./Yr.) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
City	State	Zip Code	To: (Mo./Yr.) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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3. Questions which must be answered by any student who will not be 19 years of age when the semester begins:	
A. Are your natural parents or legal guardians divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. If YES, list name and address of person who has legal physical custody of you:	
Full Name: _____	
Address: _____	

4. I hereby certify, UNDER PENALTY OF PERJURY, that all information supplied on this statement of residency is complete and accurate to the best of my knowledge.	
Signature _____	Date _____