

Residency Form

Complete this form to have your residency status reconsidered. You may submit it via email to residency@oregon.gov. For more information, visit [our website](http://www.oregon.gov/Revenue/Pages/Residency-Form.aspx).

FirstName
LastName
KID#

EmailAddress
StartTerm
StartYear

Section A:

Did a parent or guardian provide at least half of your financial support within the past 12 months? Yes No
Did a parent or guardian claim you as a dependent for the prior tax year? Yes No

If you answered YES to either question 1 or 2, complete Sections B through F.
If you answered NO to both question 1 and 2, complete Sections C through F.

Section B Financially Dependent

- Has your parent or guardian lived in Oregon for the past 12 consecutive months? Yes No
 - When did your parent or guardian move to Oregon? (MM/YYYY):
 - List the name, city, and state of your parent or guardian's current employer (Employer, City, State or "NA" if not applicable):
 - List the last two years that your parent or guardian filed tax returns and designate the state in which they filed (YYYY-State, YYYY-State or "NA" if not applicable):
- Did your parent or guardian enter military service from Oregon? Yes No
 - Is your parent or guardian on active duty stationed in Oregon? Yes No
 - If you answered yes to either of the two questions above, provide your parent or guardian's dates of military service (MM/YYYY-MM/YYYY or "present"):

Section C Financially Independent

- Have you lived in Oregon for the past 12 consecutive months? Yes No
 - When did you move to Oregon? If you have lived outside of Oregon in the past, provide the most recent date of your return (MM/YYYY):
 - List the name, city, and state of your current employer (Employer, City, State or "NA" if not applicable):
 - List the last two years that you filed tax returns and designate the state in which you filed (YYYY-State, YYYY-State or "NA" if not applicable):
- Did you or your spouse enter military service from Oregon? Yes No
 - Are you or your spouse on active duty stationed in Oregon? Yes No
 - If you answered yes to either of the two questions above, provide you or your spouse's dates of military service (MM/YYYY-MM/YYYY or "present") related to re-enrollment on the next page.

Section D: Tribal Enrollment

Enrolled citizens of a federal or state-recognized tribe or enrolled member, including

Native Americans who are eligible to enroll in a tribe and have the necessary documentation of enrollment

Section F: Signature

By signing this form, I, the applicant named above, confirm that all information provided is true and complete.

