

Residence Information Affidavit

(Please print or type)

Section 1: Applicant Background

Name (print) _____ Phone (____) _____
Last First Middle

Present Mailing Address _____
Number & Street City State Zip

Email _____ Student ID Number _____

Permanent Mailing Address _____
Number & Street City State Zip

Age _____ Date of Birth _____ Place of Birth _____

1 For what term are you seeking residence classification? Fall Winter Spring Summer Year _____

2 Have you previously applied at this institution for a change in residence status? Yes No
 If "yes," indicate term _____ and year _____

11 Have you received financial assistance from a state or government unit (other than Federal Financial Aid) during the past 12 months?
 Yes No If "yes," indicate state agency, and explain:

Will you be receiving such assistance during the next 12 months?	Yes	No		
If "yes," indicate state	\$-1.6	12	36	707629 0

Section 3: Proof of Residency

