



For office use only

Status: DEP INDEP Date: _____ Effective Term: _____ Resident Non-Resident

Residence Classification Officer: _____

Notes: _____

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 _____

3 Where and when did you graduate from high school? City/State _____ Grad Date _____

4 When did your most recent continuous stay in Oregon begin? Month _____ Day _____ Year _____

5 Since your most recent continuous stay in Oregon began, have you attended a private or public college, university or community college?
 Yes No

6 If you answered "yes" to question 5, please indicate the institution(s), term, year and hours of enrollment in the table provided.
(Attach additional pages if necessary)

Name of Institution	Term	Year	Hours

7 Have you ever paid in-state tuition at a public college or university (including community college)? Yes No

8 If "yes" to question 7, please indicate where and dates of attendance.

From _____ to _____ Name of institution _____ Location _____

From _____ to _____ Name of institution _____ Location _____

9 Have you attended an Oregon higher education institution as a National Exchange, WICHE/WUE, or Reciprocity student?

Yes No If "yes," give program and dates _____

10 Are you a citizen of the USA? Yes No If "no," you must attach a copy of both sides of Resident Alien Card, Form I-94, or other documentation reflecting your visa type or current status.

11 Have you received financial assistance from a state or government unit or agency (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, agency, type of assistance, disbursement date, and explain: _____

12 List totals of your expenses and financial resources for the past 12 months:

a. Expenses:

Total Expenses: (includes tuition, rent/mortgage, utilities, car payment, insurance, gas, groceries, spending money, etc.) \$ _____

b. Financial Resources:

Self –Support: (includes wages, salary, commission, unemployment benefits, alimony, etc.)	\$ _____	Identify source(s):
Support from parent, guardian or other person not including spouse: (includes room and board, tuition assistance, other general monetary support)	\$ _____	Identify relationship:
Support received from federal or state financial aid:	\$ _____	Identify type of aid:
Other sources of support: (includes spousal income, gifts, loans, savings, inheritance, trusts, stocks, VA benefits)	\$ _____	Identify specific source(s):

Section 2: Dependent or Independent

A Are you applying for resident status as a **dependent** student whose parent, legal custodian, or other person upon whom you are dependent, has maintained a bona fide domicile in the State of Oregon for the past year? Yes No

If “yes,” your parent, legal custodian, or other person upon whom you are dependent, must complete Section 3 of this form providing proof of his/her Oregon domicile. Verification of your dependent status must be documented by submitting a true and correct copy of that person’s **state and federal income tax returns** (top portion listing exemptions and signature section only)* for the most recent tax year.

B Are you applying for resident status as a financially **independent** student? Yes No

If “yes,” you must complete the remainder of this form.

1 Student’s sworn statement:

By signing this affidavit (see “Final Steps” section) as an independent student, I swear that I will not be claimed as a dependent for federal and state income tax purposes by any person except myself or my spouse for the current tax year and for the tax year immediately prior to the year in which this application is made; and I have not received and will not receive financial assistance in cash or in kind of an amount equal to or greater than one-half of my support from another person or persons, except my spouse, during the current year or the calendar year immediately prior to the year in which this application is made.

2 To substantiate your financial independence, you are required to submit appropriate documentation:

- (a) A true and correct copy of your state and federal income tax returns* for the tax year immediately prior to the year in which this application is made. If you did not file state and federal income tax returns because of minimal or no taxable income, documented information concerning the receipt of such nontaxable income must be submitted.
- (b) A true and correct copy of your W2 form filed for the previous tax year.
- (c) Other documented financial resources. Such other resources may include, but are not limited to, the sale of personal or real property, inheritance, trust fund, state or financial assistance, gifts, loans, earnings, or savings of the spouse of a married student.
- (d) For applicants under the age of 24, a true and correct copy of the first and signature page of the state and federal tax returns of your parents, or legal custodian(s), for the tax year immediately prior to the year in which this application is made.

* (The extent of disclosure required concerning state and federal tax returns is limited to the number of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.)

- 9** Are you registered to vote? Yes No If “yes,” where/when _____
If “yes”, you must attach copy of your current voter’s registration card.
- 10** Do you own or use any motor vehicles, mobile homes, trailers or boats? Yes No
If “yes”, you must attach a copy of your current vehicle registration (not the title).
 Have any of these vehicles previously been registered in another state? Yes No
- 11** Do you have a driver’s license or state issued ID? Yes No
If “yes,” you must attach a copy of your current driver’s license or state issued ID.
- 12** List years for which you filed an Oregon Income Tax Return _____
You must attach a copy of your taxes filed in the state of Oregon. (Note: See Section 2 for documentation of tax returns.)
- 13** Is income being withheld from your earnings for Oregon income taxes? Yes No
- 14** Do you intend to file an Oregon Income Tax Return this year? Yes No If “no,” why not? _____

Personal Statement If you have additional information/documentation you wish to include to support your case, or a statement to provide pertinent information related to your intent in coming or returning to Oregon please provide additional sheets as necessary. If providing a statement, please pay special attention to your history and activities as related to the residency requirements as outlined in the Residency Standards.

Final Steps

If applying as an independent student, only the student must sign this affidavit; if applying as a **dependent student**, both the student and the person claiming the student as a dependent must sign this affidavit.

NOTARIZATION – to be signed by student

STATE OF _____ COUNTY OF _____

Under penalty of perjury, I swear or affirm that all of the information supplied by me in this affidavit is complete, true and correct, and the Oregon University where I submit this may rely on this information.

Signature of student in the presence of a Notary Public

SUBSCRIBED and SWORN before me this _____ day of _____, 2_____
 (Seal)

Notary Public

My commission expires: _____

NOTARIZATION – to be signed by person completing Section 3 for a dependent student

STATE OF _____ COUNTY OF _____

Under penalty of perjury, I swear or affirm that the information supplied by me in this affidavit is complete, true and correct, and the Oregon University where I submit this may rely on this information.

Signature of parent, guardian or other person in the presence of a Notary Public

SUBSCRIBED and SWORN before me this _____ day of _____, 2_____
 (Seal)

Notary Public

My commission expires: _____

When completed, return this form to the Residency Officer at the institution where residence classification is sought.
 For further information or assistance with residency classification, please also contact the Residency Officer at the institution of interest.