

# SUPPLEMENTAL RESIDENCY QUESTIONNAIRE

The purpose of this questionnaire is to assist us in **determining your legal residence status in California as required under statute**. Please answer all questions and return to the Admissions Office ***BEFORE*** the semester begins. All residency matters **must be determined** at least one day before the semester begins (**called the residency determination date**). If you are a **continuing or returning** student at Rio Hondo, your status will remain unchanged unless this questionnaire is **submitted prior** to the deadline and a reclassification granted. If you are a **new student**, your status will be that of a nonresident unless this questionnaire is submitted prior to the deadline and a classification as a resident is made. Please be prepared to present proof to document your residency claimed in this questionnaire. Under state law the burden of proof for residency lies with the student.

Today's Date: \_\_\_\_\_

SEMESTER / YEAR: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Student ID No.: \_\_\_\_\_  
Last First M.I.

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month / Day / Year

**RESIDENCY ADDRESS** (Legal/Permanent Address – DO NOT USE PO BOX):

\_\_\_\_\_  
Number and Street City State and Zip

I have lived at this address since \_\_\_\_\_. If less than 2 years, show previous address:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_

When did your present stay in California begin? \_\_\_\_\_

Do you have a Driver's License or ID Card? \_\_\_\_\_ Have you owned a car during the past year? \_\_\_\_\_  
 \_\_\_ YES \_\_\_ NO If yes: \_\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_\_\_ YES \_\_\_ NO If Yes, \_\_\_\_\_ State \_\_\_\_\_ Month/Year

Have you been employed during the past year? \_\_\_ YES \_\_\_ NO If yes, list name, city, state of employer below:  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_

Have you filed a state income tax return for any of the past 3 years? \_\_\_ YES \_\_\_ NO If yes, list below:  
 (1) 20 \_\_\_\_\_ Year State Former address \_\_\_\_\_  
 (2) 20 \_\_\_\_\_ Year State Former address \_\_\_\_\_

Have you filed a federal income tax return for any of the past 3 years? \_\_\_ YES \_\_\_ NO If yes, list below:  
 (1) 20 \_\_\_\_\_ Year State Former address \_\_\_\_\_  
 (2) 20 \_\_\_\_\_ Year State Former address \_\_\_\_\_

Have you ever registered to vote? \_\_\_ YES \_\_\_ NO If Yes, \_\_\_\_\_ State \_\_\_\_\_ Month / Year

Do you currently own real property? \_\_\_ YES \_\_\_ NO If Yes, \_\_\_\_\_ City and State of Property \_\_\_\_\_ Date purchased

Are you a US Citizen?  YES  NO If NO, indicate type of VISA:

Permanent Resident, ADM/ADJ DATE: \_\_\_\_\_  Refugee USCIA# / A# \_\_\_\_\_  
Month /Day/ Year

Other / VISA (specify) \_\_\_\_\_

Have you (or if you are under 19, your parents):

Petitioned for divorce in a state **OTHER** than California?  YES  NO

Attended an out-of-state educational institution as a resident of that state?  YES  NO

Declared non-residence for California state income tax purposes?  YES  NO

**COMPLETE THIS PORTION ONLY IF YOU ARE UNDER 19 YEARS OF AGE:**

Father  
(if living): \_\_\_\_\_  
Name Address City, State Zip

Mother  
(if living): \_\_\_\_\_  
Name Address City, State Zip

Legal Guardian  
(if living): \_\_\_\_\_  
Name Address City, State Zip

If less than 2 years, give previous addresses:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Legal  
Guardian: \_\_\_\_\_

Have you lived continuously with any adult California resident other than parent or legal guardian during the past 2 years?

YES  NO If yes, Name and Address: \_\_\_\_\_  
Name

\_\_\_\_\_ City State and Zip  
Street Address

**\*\*\*NOTICE TO STUDENTS** – You are required to submit documentation in support of the items above. You may be required to submit additional documentary evidence in support of your claim for California residence in accordance with California Education Code 68040 et seq. The burden of proof to demonstrate clearly both physical presence in California and intent to establish permanent California residence lies with the student.

I certify, under penalty of perjury, that the information on this questionnaire is correct and I understand that falsification or failure to report change in residence may result in my dismissal.

STUDENT  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

RESIDENCE DETERMINATION:  RESIDENT  NON-RESIDENT EFFECTIVE: \_\_\_\_\_

RESIDENT STATUS:  OOS/UND to PR/CA  PR to CIT/CA  OOS to CA RES

SIGNATURE OF  
COLLEGE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_