

# CSU RESIDENCE QUESTIONNAIRE

**RETURN THE COMPLETED FORM TO THE CAMPUS OFFICE OF ADMISSIONS AND RECORDS**

The information requested is deemed relevant and necessary to a proper determination of your residence status for tuition purposes pursuant to the California Education Code Section 68000 et seq. and California Code of Regulations 41900 et seq. Your completed application will help us determine your eligibility. Failure to answer all questions may cause you to be classified as a nonresident. You may submit additional information you believe will establish your California residence. Questions about residence requirements should be referred to a campus residence specialist.

**Instructions:** Please complete a separate questionnaire for each campus. Only one term and one campus may be selected per questionnaire and all fields must be completed or questionnaire will be returned to you unprocessed.  
 Avoid entering personal information on public computers and/or public wireless access points.

**Initial Classification (new admitted students)** must complete Sections A, B, D (if applicable), and E  
**Reclassification (continuing students)** must complete Sections A, B, C, D (if applicable), and E  
**Term:** Fall Winter Spring Summer Year \_\_\_\_\_ Campus \_\_\_\_\_  
 Specify Campus

**PART A: STUDENT'S INFORMATION**

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
 Last Name First Middle  
 Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
 Month Day Year  
 Permanent Legal Address  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Did you attend a California school? Yes No (If yes, you may be exempt from payment of nonresident tuition under AB 540.)

**PART B: RESIDENCE DETERMINATION DATE**

Check the box that applies to you and provide the requested information

**If you will be 19 years of age or older** by the residence determination date, check here and answer 1 through 12 as it applies to you.

**If you will be younger than 19 years of age** by the residence determination date, check here and answer 1 through 12 as it applies to the natural or adopted parent with whom you most recently resided and whose name and whereabouts you will provide below.

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Present actual whereabouts \_\_\_\_\_

**Foster Youth**

I am a foster youth in California's child welfare system, or a former foster youth in California due to emancipation or aging out of the system. Check here and answer 1 through 12 as it applies to you. Please provide the following information: (a) A copy of a juvenile dependency court document indicating foster care in California's child welfare system; or (b) Documentation from county social services confirming you were under the care of the Department of Social Services.

Residence Determination Dates			
Quarter Calendars		Semester Calendars	
Fall .....	September 20	Fall .....	September 20
Winter .....	January 5	Winter .....	January 5
Spring .....	April 1	(Stanislaus only)	
Summer .....	July 1	Spring .....	January 25
		Summer .....	June 1
CalState TEACH			
Stage 1 .....	September 20	Stage 3 .....	June 1
Stage 2 .....	January 5	Stage 4 .....	September 20

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

QUESTIONS 1 THROUGH 12

- 1. Select the box that applies to you: (verification required)  
 U.S. Citizen Permanent Resident Visa Other Status  
 Visa Type \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year
- 2. What state do you regard as your permanent home? \_\_\_\_\_
- 3. If California, when did your present stay begin \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year
- 4. Employed in California in the past year? Yes No  
 Employer(s) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year Month Day Year  
 Employer(s) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year Month Day Year
- 5. Have you ever registered to vote? Yes No (List all states where registered and date of registration)  
 State \_\_\_\_\_ Date registered \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Voted \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year Month Day Year  
 State \_\_\_\_\_ Date registered \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Voted \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year Month Day Year
- 6. Do you possess a driver's license and/or ID Card? Yes No (If yes, list state and issue dates)  
 State \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous State \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year Month Day Year
- 7. Current registration of all vehicles owned or operated  
 State \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year Month Day Year
- 8. Are all personal effects located in California? Yes No If "no," attach explanation on a separate piece of paper.
- 9. State where last three state income tax returns filed on total income and year covered by each.  
 State \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_
- 10. Address shown on most current W-2 \_\_\_\_\_

**Please answer the following questions if you currently or previously owned, rented or leased a residence.**  
**Please list all residences during the past three years.**

- 11. Purchased, leased or rented  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_  
     Month Day Year Month Day Year City and State  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_  
     Month Day Year Month Day Year City and State  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_  
     Month Day Year Month Day Year City and State
- 12. Active California banking account(s) \_\_\_\_\_ Opened \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year  
 \_\_\_\_\_ Opened \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Month Day Year

**PART C: IS ONLY FOR RECLASSIFICATION FOR CURRENT STUDENTS WHO HAVE BEEN CLASSIFIED AS A NONRESIDENT IN A PREVIOUS TERM**

I have been classified as a nonresident in a previous term and I am requesting reclassification. Yes No

**If yes, please answer all of the following questions (1-8).** Failure to provide complete information may result in nonresident classification (Ed Code 68041).

1. Will your parent(s) claim you as a dependent exemption for state and federal tax purposes for the current calendar year? .....Yes No
2. Were you claimed as an exemption for state and federal tax purposes by your parent(s) in any of the past three calendar years? .....Yes No
3. Have you received or will you receive more than \$750 in financial assistance from your parent(s) in the current calendar year? .....Yes No
4. Did you receive more than \$750 in financial assistance from your parent(s) during any of the three past calendar years? .....Yes No
5. Have you lived or will you live for more than six weeks with your parent(s) during the current calendar year? .....Yes No
6. Did you live for more than six weeks with your parent(s) during any of the three past calendar years? .....Yes No
7. List all places you have lived prior to your most recent arrival in California, the dates you lived in each place and the parent with whom you resided.  
If you need more room, please attach an explanation on a separate sheet of paper.  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ State or Country \_\_\_\_\_ Parent you resided with \_\_\_\_\_  
Month Day Year Month Day Year  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ State or Country \_\_\_\_\_ Parent you resided with \_\_\_\_\_  
Month Day Year Month Day Year
8. Source(s) of financial support during the past year \_\_\_\_\_

**PART D: EXCEPTIONS/EXEMPTIONS (Military and AB 540)**

If you are not eligible for resident classification, you still may be eligible for an exemption or exception from payment of nonresident tuition.

**Military (Questions 1-3)**

- I am a veteran or active member of the United States Armed forces. Yes No
- I am dependent (child/spouse) of a veteran or active member of the Armed Forces. Yes No

**If yes,**

1. Date joined \_\_\_\_/\_\_\_\_/\_\_\_\_ From which state \_\_\_\_\_ Date separated from active duty, if any \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year
2. Most recent permanent address on military records \_\_\_\_\_  
Stationed (name) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

3. Check the box(s) that apply to you and provide the requested information.

I am a veteran of the U.S. Armed Forces eligible to receive educational assistance under either the Montgomery GI Bill or Post-9/11 GI Bill educational benefits program. I reside in California and my first day of class in the CSU will fall within 36 months from the date of discharge from active duty service of 90 days or more.  
**Provide:** (a) a copy of your DD Form 214 ("DD 214"), showing the date of your discharge from active service; and  
(b) a copy of a Certificate of Eligibility from the Department of Veterans Affairs ("VA").

I am a dependent of a veteran of the U.S. Armed Forces eligible to receive educational assistance under the Post-9/11 GI Bill educational benefits program who resides in California enrolling in college within three years of the veteran's discharge following a period of active duty of 90 days or more.  
**Provide:** Certificate of Eligibility from the VA.

I am a dependent of a service member of the U.S. Armed Forces who died in the line of duty after September 10, 2001. I reside in California and am eligible to receive veteran's educational assistance.  
**Provide:** Certificate of Eligibility from the VA.

I am a dependent of an active duty service member of the U.S. Armed Forces who has received transferred benefits under the Post-9/11 GI Bill who resides in California.  
**Provide:** Certificate of Eligibility from the VA.

I am a member, or the dependent of a member, of the U.S. Armed Forces stationed in California on active duty for more than 30 days.  
**Provide:** a statement from the military person's commanding officer or personnel officer that the military person's duty station is in California on active duty for at least 30 days as of the residence determination date.

I am a veteran of the U.S Armed Forces formerly stationed in California on active duty for more than one year and am enrolling within two years of discharge from a California military base.  
**Provide:** (a) a copy of your DD 214;  
(b) evidence of being stationed in California upon separation from service;  
(c) an affidavit to the institution at which you are enrolling stating your intent to establish residency in California as soon as possible.

**Education Code § 68130.5, as amended, commonly known as AB 540**

Certain nonresident students (including U.S. citizens, permanent residents, and undocumented individuals) who have attended, graduated, or achieved the equivalent from a California school (elementary school, secondary school, adult education, community college) may be exempted from paying nonresident tuition. Such students must remain classified as “nonresidents” for residence classification and financial aid eligibility purposes.

You must meet the Attendance Requirement and Graduation/Degree requirements (check boxes that apply).

Attendance requirement (must meet one):

I have 3 years of attendance at a California high school.

I have 3 or more years of high school coursework and 3 years of attendance in California elementary schools, California secondary schools, or a combination of California elementary and secondary schools.

I attended or attained credits at a combination of California high school, California adult school, and California Community College for the equivalent of (3) years or more.

Graduation/Degree Requirement (must meet one)

I have graduated or will graduate (before the first term of enrollment at the CSU) with a California high school diploma or the equivalent (i.e., California-issued GED, CHSPE).

I completed or will complete (before the first term of enrollment at the CSU) an associate’s degree from a California Community College.

I completed or will complete (before the first term of enrollment at the CSU) the minimum requirements at a California Community College for transfer to the California State University.

If you checked at least one box in the Attendance and Graduation requirement questions, you may be eligible for California nonresident tuition exemption.

Please complete and submit the **California Nonresident Tuition Form** (commonly known as the affidavit). Please complete a separate form for each campus.

Each campus will request additional information (e.g. high school transcripts).

**PART E: CERTIFICATION – to be read and signed by all students completing this form**

The burden of proof is on the student to clearly demonstrate both physical presence and intent to remain indefinitely in California. Students seeking reclassification of nonresident status must also demonstrate financial independence. You are required to present evidence in accordance with the Education Code and Code of Regulations referenced above.

**Certification – To be read and signed by all applicants to certify the accuracy of the information provided.**

I certify under penalty of perjury that the foregoing statements and any other information submitted by me in connection with the determination of my residence are true, complete, and accurate. I understand that my residence determination will be based on the facts stated in this questionnaire and the documents I provide. If I receive classification as a California resident or an exception or exemption, I promise to notify the residence specialist if any of the facts stated in this questionnaire change. I authorize release of any information submitted by me in connection with my application for admission and determination of residence to any person, firm, corporation, association or government, whether federal, state, local, or foreign, but only as necessary to verify or explain the information, to obtain pertinent records, or in connection with perjury proceedings.

Signed at

\_\_\_\_\_  
City and County Applicant’s Signature Date