



Imperial Valley College

RESIDENCY QUESTIONNAIRE

ID# G00

Requesting Reclassification Beginning:	Fall _____ YEAR	Winter _____ YEAR	Spring _____ YEAR	Summer _____ YEAR
----------------------------------------	--------------------	----------------------	----------------------	----------------------

Part A – STUDENT INFORMATION (PLEASE PRINT LEGIBLY)

Print Full Name – Last, First, Middle	Age	Birthdate	Social Security Number
---------------------------------------	-----	-----------	------------------------

Birthplace	Are you a Citizen of the United States?	When did your present stay in California begin?
------------	-----------------------------------------	-------------------------------------------------

Permanent Legal Address) Number, Street, City, State, Zip; No P.O Boxes)	Contact Phone Number:
	Email:

Have you lived in California continuously since birth? Yes NO if "no" list your address for the past two years, with dates:

(a) _____ From ____/____/____ to ____/____/____

(b) _____ From ____/____/____ to ____/____/____

(c) _____ From ____/____/____ to ____/____/____

Are you married? Yes No	Do you have dependent Children?
If yes , Spouse's Name (Last, First)	If the answer is yes, What are the Ages:
	Do they attend pre-school or school in California? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate all sources of your financial support for the past year, and estimate the percentage of total income received from each (must total 100%) :

Parents _____% Financial Aid _____%

My Employment _____% Others- List each _____%

Part B –LIVING WITH PARENT OR YOUNGER THAN 19 AND UNMARRIED (TO BE COMPLETED BY STUDENT)

- (a) Mother's Name: _____ (b) Is your Mother living? Yes No Date Deceased: _____
If the answer to (b) was "yes", answer the following questions:
Mother's permanent address: _____ If in California, for how long? _____
Is your Mother a U. S. Citizen? Yes No If "no", what is her immigration status? _____
- (a) Father's Name: _____ (b) Is your Mother living? Yes No Date Deceased: _____
If the answer to (b) was "yes", answer the following questions:
Father's permanent address: _____ If in California, for how long? _____
Is your Father a U. S. Citizen? Yes No If "no", what is her immigration status? _____
- (a) Where do you live? With Mother with Father Somewhere Else
(b) If you do not live with either parent, are you under continuous and direct care and control of any person or persons other than a parent? Yes No
*If "Yes" give name and address of such person _____
*How long have you been continuously under this person's direct care and control? _____

Part C- CITIZEN/IMMIGRATION STATUS (TO BE COMPLETED BY STUDENT)

<input type="checkbox"/> Refugee/Asylum	<input type="checkbox"/> Student Visa DACA	<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Undocumented	<input type="checkbox"/> US Citizen
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other (Please explain): _____			
Alien Number: _____				

Office Use Only	DATE STAMP
Received & picture ID verified by _____	

RESIDENCY, Easy as 1, 2, 3

BRING DOCUMENTS AS STATED FROM EACH SECTION 1 AND 2, OR 3

Please note: The burden of proof is on the student to clearly demonstrate both physical presence in California and intent to establish California residence. You are required to present evidence in accordance with Education Code Sections 68040 et. seq. and Title 5 §54032. The documents must be valid, readable, dated at least one year and one day before the residency determination date for the semester in which you are planning to attend, and be properly identified with respect to student name and address. **Specific requirements depend on the whether you are a Dependent or Independent student. In some cases, two (2) years of documentation is required. Contact an Admissions & Records Technician for additional information at (760) 355-6101. You may also refer to the IVC Catalog (Residency) for further information.**

1	2	3
Physical Presence	Intent	Military Personnel ONLY
One (1) of the following documents issued over a year before the start of the semester:	Two (2) of the following documents issued over a year before the start of the semester:	Two (2) of the following from either the Active or Discharged area:
Proof that you or your spouse own where you have lived in California for at least one year and one day before the first day of the term.	Federal or state income taxes filed and signed by you showing a CA address and your name as a filer.	ACTIVE
Proof that you or your spouse lease or Rent the place(s) where you have lived in California for at least one year and one day before the first day of the term.	CA bank statements in your name and showing your address of active checking, savings, and/or credit card accounts showing activity, or a statement from the bank verifying when the account was opened and that it is still active.	Military ID card (do not make a copy, must bring original as it must be shown to Technician).
<u>AND</u> One (1) of the following documents issued over a year before the start of the semester:	CA vehicle registration, if you own a vehicle	Copy of military orders showing duty assignment in California.
	CA driver's license and/or CA identification card with current address (cannot be PO Box)	DISCHARGED
Utility bills (gas, water, power, telephone) showing your name and/or your spouse's name, and the address(es) where you have lived	CA voter registration	If discharged within the last three years, DD214 showing CA as home of record (discharged over three years, please refer to Column 1 & 2)
Proof of benefits from a CA agency (such as SSI, California health insurance) for you or your spouse with a California address showing benefits or to be used in conjunction with another method of proof (i.e. <i>Passport to Services + unemployment = over a year</i>).	CA occupational license (such as welding, nursing, home healthcare, EMT)	Leave and Earning Statement showing CA as home of record
Employment pay stubs with your California address (cannot be PO Box).	CA fishing or hunting license	Valid state or federal identification card
California property taxes provided you live in the residence.	Selective service registration with a CA permanent address	

For Dependent students 19 years of age or younger, you may need to provide parents' documentation from Columns 1 & 2 as well as an additional year of documentation.

****COPIES ONLY MUST BE ATTACHED**

DECLARATION – TO BE COMPLETED BY ALL STUDENTS

I declare under penalty of perjury under the laws of the State of California that the information I have provided on and attached to this document is true and correct to the best of my knowledge. I understand that withholding and/or providing false/misleading information to a California Community College may not only result in college dismissal & disciplinary action, but may also be a criminal offense punishable by fine and/or imprisonment. I understand that if it is determined I do not meet the requirements to be classified as a resident, I will be responsible for payment of nonresident tuition unless classes are dropped by the appropriate refund date as listed in the current Class Schedule.

Yo declaro bajo pena de perjurio en conformidad con las leyes del estado de California, que la información que he proporcionado en, y adjuntado a este documento es verdadera a mi mejor conocimiento y creencia. Entiendo que omitir información y/o proporcionar información falsa/engañosa a una Universidad del Estado de California puede no solo dar como resultado acción disciplinaria y expulsión, sino que también puede ser una ofensa criminal, sujeto a castigo por la ley con multa y/o encarcelamiento. Entiendo que, si se determina que no cumplo con los requisitos para ser clasificado como residente, seré responsable por el pago de la matrícula como no-residente, a menos que las clases sean dadas de baja antes que la fecha de reembolso expire, cual se especifica en el actual programa de clases.

Student Signature

Date

FOR OFFICE USE ONLY

Classified by: _____

Date: ___/___/___

RESIDENT NON-RESIDENT

Student informed via: Person E-mail Phone Student Informed: ___/___/___

Follow ups:

Date: ___/___/___ _____

Date: ___/___/___ _____

Date: ___/___/___ _____

SPACMNT UPDATED

SYOSPROFILE REVIEWED

SGASTDN UPDATED

TSAAREV REVIEWED