

Office use only:	Initials: _____
Semester/Year:	_____
Residence code:	_____

H \_\_\_\_\_



Office of Admissions & Records

**California Residence Questionnaire**

*All students requesting residency reclassification must complete this form and supply necessary dates.*

**Identification Information:** *(Please print using blue or black ink)*

**Name:** (Print full legal name. **DO NOT** use nicknames, initials or abbreviations)

\_\_\_\_\_

Last	First	Middle
------	-------	--------

**Student's Permanent Address:**

\_\_\_\_\_

Street	City	State and Zip Code
--------	------	--------------------

\_\_\_\_\_

AHC Student ID Number	Date of Birth	Age
-----------------------	---------------	-----

Phone number: \_\_\_\_\_

**Residence Requirements:** (Title 5, 54020 and 54028) *Establishing residence requires both physical presence in California and objective evidence that there is the intent to make California your home for other than a temporary purpose. The one-year-and-a-day residence period does not begin until you are present in California AND have demonstrated clear intent to become a California resident. If you are not a United States citizen or on a visa that allows you to establish California residency, you must provide verification that you have applied for residency with the Bureau of Citizenship and Immigration Services.*

- Having read the above, I consider myself a California resident for tuition purposes.  Yes  No

**Physical Presence:** (Title 5, 54022) *You must have been continuously physically present in California for one year and a day prior to the first day of the term in which you wish to be declared a resident for tuition purposes.*

- I arrived in California on (enter date): \_\_\_\_\_ (mm/dd/yyyy)
- I have been away from California since the above date for longer than a temporary purpose:  Yes  No
- I am in California **only** for educational purposes:  Yes  No

**Be prepared to provide primary and supplemental proof of residency as defined on AHC's public website.**

**Please continue to page 2 of the California Residence Questionnaire**

Office use only:      Initials: \_\_\_\_\_  
 Semester/Year:      \_\_\_\_\_  
 Residence code:      \_\_\_\_\_

H \_\_\_\_\_



Office of Admissions & Records

**California Residence Questionnaire**

*All students requesting residency reclassification must complete this form and supply necessary dates.*

**Acts of Intent:** (Title 5, 54024) *Intent to make California your home for other than a temporary purpose may be demonstrated in many ways. Please respond to ALL of the following statements:*

- I have voted in another state within the last year:  
 If yes, please list the state: \_\_\_\_\_  Yes  No

---

- I have petitioned for divorce in another state within the last year:  
 If yes, please list the state: \_\_\_\_\_  Yes  No

---

- I have attended an **out-of-state** educational institution **as a resident of that state** within the last year:  
 If yes, list the name and location of the educational institution: \_\_\_\_\_  Yes  No

---

- I am 19 years of age or older and I have maintained a home in California (owned or rented) **AND** lived in California continuously for the past two years:  Yes  No

---

- I am **under** 19 years of age and I and my parent/legal guardian have owned or rented **AND** lived in California continuously for the past two years:  
 Parent/Legal Guardian Name: \_\_\_\_\_  Yes  No  
 Residence Address: \_\_\_\_\_

Enter Date  
 an effective date  
 is required for  
 each yes answer

- |   |  |  |
|---|--|--|
| • I have owned or continuously rented or leased a home or apartment in California for the last 12 months: | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I am registered to vote in California.<br>If yes, when did you last vote: _____                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have a current California license for professional practice:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have listed California as my home address on my Federal Income Tax Form:                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have filed a California State Income Tax Return (as a <b>RESIDENT</b> ):                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have a valid California Resident Motor Vehicle Registration:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have a valid California driver's license:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have a valid California state identification card:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have had an active California bank account:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I petitioned for divorce in California:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • I have a valid driver's license (if yes, please provide a copy)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| • When was it issued? Enter mm/dd/yyyy _____  |  |  |
| • When does it expire? Enter mm/dd/yyyy _____   |  |  |
| • In which state was it issued? _____   |  |  |
| • Does your parent file state and/or federal income tax returns?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, are you claimed as a dependent? (copies of tax returns required)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**Please continue to page 3 of the California Residence Questionnaire**

Office use only:      Initials: \_\_\_\_\_  
 Semester/Year:      \_\_\_\_\_  
 Residence code:      \_\_\_\_\_

H \_\_\_\_\_



Office of Admissions & Records

**California Residence Questionnaire**

*All students requesting residency reclassification must complete this form and supply necessary dates.*

	Enter Date an effective date is required for each yes answer
<ul style="list-style-type: none"> <li>Have you or will you apply for federal financial aid (FAFSA; PELL) for the academic year in which you are applying for residency? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>If yes, what state did you list as your permanent home? _____</li> </ul>	
<ul style="list-style-type: none"> <li>Are you an active member of the military? If yes, when did your tour in California begin? What is your state of legal residence on military records? _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>	
<ul style="list-style-type: none"> <li>Are you a dependent of an active duty military person? If yes, when did your sponsor's tour in California begin? Enter mm/dd/yyyy What is your sponsor's legal home on military records? _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>	
<ul style="list-style-type: none"> <li>If you are a dependent of an active duty military person, are you claimed as an exemption for federal and state income tax purposes by your sponsor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  What state is listed as your legal home on last year's Federal Income Tax forms? _____  In what state did you file last year's STATE tax returns? _____</li> </ul>	
<ul style="list-style-type: none"> <li>Have you been discharged from active military duty within the last year? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, what was your discharge date? Enter mm/dd/yyyy What was your state of legal residence on military records? _____ (Please provide us with a copy of your DD-214)</li> </ul>	
<ul style="list-style-type: none"> <li>Are you a legal dependent of a parent who earns his or her livelihood in agricultural labor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If yes, has the parent performed such labor in California for at least two months of each of the last two years, <b>and resides in the Allan Hancock College Community College District?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>	
<ul style="list-style-type: none"> <li>Do you earn your livelihood primarily in agricultural labor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If yes, have you performed such labor in California for at least two months of each of the last two years, <b>and reside in the Allan Hancock College Community College District?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  Do you file state and/or federal income tax returns? (copies of tax returns required)</li> </ul>	

**Student Certification:**

You may be required to supply additional information to determine your residency status in accordance with the California Education Code, Sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student. Failure to provide requested residency information will result in a determination of non-resident.

I certify under penalty of perjury that the information on this application is correct and I understand that falsification or failure to report change in residency may result in my dismissal from the college.

\_\_\_\_\_  
Student Signature (*mandatory*)

\_\_\_\_\_  
Date