

Orange Coast College
STATEMENT OF RESIDENCE FORM

In order to help us determine your residency status for the purpose of attending Orange Coast College, please complete this form and return it to the Orange Coast College Admissions Office.

PLEASE PRINT

Name _____ ID# _____

 Last First M.I.

Birthdate _____ Age _____ Place of Birth _____

Current Mailing Address _____ Phone # _____

 Number and street City Zip

LEGAL RESIDENCE. Enter the address for the place where you remain when not called elsewhere for labor or other temporary purpose:

 Number and street City State Country Zip

1. When did your **present** stay in California begin? _____
 2. Have you been claimed as a dependent for tax purposes during the past 2 years? _____ If yes, supply appropriate information
Person claiming you as a dependent _____ Relationship _____ Tax year(s) _____
Person's address _____
 3. Do you rent, lease, or own your current residence? _____ How long? _____
 4. List your place of residence and inclusive dates for the prior 4 year period
Address (s) _____ Dates from/to _____

 5. In what state(s) did you pay state income tax for the previous 2 years? _____
 6. Are you a registered voter? _____ If yes, in what state? _____ Year registered? _____
 7. Have you been enrolled in any college or university other than OCC within the past 2 years? _____ if yes, please list below
School _____ Location _____ Dates of Attendance _____ Residence Status _____
School _____ Location _____ Dates of Attendance _____ Residence Status _____
 8. Have you been discharged from the US Armed Forces within the past 2 years? _____ If yes, date joined _____
From what state? _____ Date of Separation? _____ Permanent/legal address at the
time of separation _____
 9. If you were a former California Resident, why did you leave the state? _____
 10. Did you intend to return to California? _____
 11. Were you employed while outside of California? _____
 12. Did you maintain a California bank account while residing out of state? _____
Name and location of bank _____ Account # _____
 13. Did you maintain a residence in California while out of the state? _____
 14. Do you hold a current professional license in California? _____ Type of license _____ Date Received _____
 15. Did you attend a California High School for three (3) or more years? YES NO (circle one)
 16. Did you graduate from a California High School? YES NO (circle one)
- List any additional information that you feel will clarify your residence status. _____

I hereby declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

FOR OFFICE USE ONLY

Determination: Resident Non-Resident AB540 Additional Documentation Required

Date _____ Signature of School Official _____