



**LOS ANGELES COMMUNITY COLLEGE DISTRICT  
SUPPLEMENTAL RESIDENCY QUESTIONNAIRE**

New \_\_\_\_\_ Continuing \_\_\_\_\_

Semester Reclassification requested for: Winter [ ] Spring [ ] Summer [ ] Fall [ ] 20\_\_\_\_\_

**PART A – TO BE COMPLETED BY ALL STUDENTS**

Print Full Name – Last		First	Middle	Age	Student ID#
Birthdate	Birthplace	Are you a citizen of the United States? [ ] Yes [ ] No		When did your present stay in California begin? (Mo/Day/Yr)	
Permanent Legal Address (Number, Street, City, State, Zip)				Home Phone:	
				Work Phone:	
				Cell Phone:	
				E-mail:	
Have you lived in California continuously since birth? [ ] Yes [ ] No If "no", list places you lived before your present stay in California began, with dates:					
(a) From _____ to _____ State/Country: _____		(b) From _____ to _____ State/Country: _____			
(c) From _____ to _____ State/Country: _____		(d) From _____ to _____ State/Country: _____			
<p><b>If you (1) attended a high school in California for three or more years, (2) graduated from a high school in California or attained the equivalent (e.g., GED or Certificate of Proficiency), and (3) are <u>not</u> an nonimmigrant alien as defined by federal law (e.g., J or F visa), please request an AB 540 California Nonresident Tuition Exemption Request form. If you are currently without lawful immigrant status, you may still qualify for the exemption if you have filed or will file an application to legalize your status.</b></p>					

**PART B – TO BE COMPLETED BY STUDENTS UNDER 19 YEARS OF AGE**

1. (a) Mother's name: _____		(b) Is your mother living? [ ] YES [ ] NO Date deceased: _____	
If answer to (b) was "yes," answer the following:			
(c) Mother's permanent address: _____		(d) If in California, for how long? _____	
(e) Is your mother a U.S. citizen? [ ] YES [ ] NO If "no," what is her immigration status? _____			
2. (a) Father's name: _____		(b) Is your father living? [ ] YES [ ] NO Date deceased: _____	
If answer to (b) was "yes," answer the following:			
(c) Father's permanent address: _____		(d) If in California, for how long? _____	
(e) Is your father a U.S. citizen? [ ] YES [ ] NO If "no," what is his immigration status? _____			
3. (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? _____			
<p><b>Please bring at least two items documenting your parent's or guardian's California residency. The documentation items must be valid, readable, and cover the one year and one day period before the first day of the semester. See Part F for a list of acceptable documents. Examples include the following: state income tax returns from the previous year; evidence of ownership or occupation of residential real estate in California; utility bills and bank statements with a California address covering the one year and a day period before the first day of the semester.</b></p>			

**PART C - TO BE COMPLETED BY STUDENTS WHO ARE NOT UNITED STATES CITIZENS**

**1. What is your immigration status? (Check one)**

- (a)  **Nonimmigrant Visa Holder**  
Type: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Entry Date: \_\_\_\_\_ Admitted Until: \_\_\_\_\_
- (b)  **Lawful Permanent Resident Alien (Green Card Holder)**  
Adjustment Date: \_\_\_\_\_  
Alien Number: \_\_\_\_\_
- (c)  **Applicant for Lawful Permanent Residence**  
Date Applied: \_\_\_\_\_  
If you have an **immigrant visa**, enter type: \_\_\_\_\_
- (d)  **Lawful Temporary Resident (or Applicant for Lawful Temporary Residence)**  
Adjustment Date: \_\_\_\_\_  
Alien Number: \_\_\_\_\_  
If an applicant, date applied: \_\_\_\_\_
- (e)  **Political Asylee or Asylum Applicant**  
Date Applied/Granted: \_\_\_\_\_
- (f)  **Refugee**  
Date Applied/Granted: \_\_\_\_\_
- (g)  **Family Unity Program Beneficiary (or Applicant)**  
Date Applied/Granted: \_\_\_\_\_
- (h)  **Temporary Protected Status ("TPS") (or Applicant for TPS)**  
Date Applied/Granted: \_\_\_\_\_
- (i)  **Violence Against Women Act ("VAWA") Self-Petition Grantee (or Applicant for Self-Petition)**  
Date Applied/Granted: \_\_\_\_\_
- (j)  **Undocumented**  
Check here if you entered the United States without the authorization of the U. S. Bureau of Citizenship or Immigration Services or if your visa expired.

**2. If you have a Work Authorization Card (e.g., I-688B), enter the following:**

Category (i.e., Provision of Law): \_\_\_\_\_  
Card Valid From: \_\_\_\_\_  
Expires: \_\_\_\_\_

**Please bring documentation of your immigration status with you. If you are under 19, please bring documentation of your parent's or guardian's immigration status as well.**

**PART D – TO BE COMPLETED BY STUDENTS WHO ATTENDED THIS COLLEGE IN THE PAST YEAR**

**1. Where do your parents live? (Indicate the state or country)**

Mother's residence: \_\_\_\_\_ Father's residence: \_\_\_\_\_

**2. Do your parents contribute to your financial support?**

Yes  No

**3. Check all sources of your financial support in the current year and the past year:**

Parents  My employment  My spouse  Financial aid  Someone else

**4. Please bring a copy of your federal and state tax returns for the most recent year. If your earnings, as shown on your tax return, are less than \$12,000, also bring a copy of your parents' most recent state and federal tax returns.**

## PART E - SPECIAL EXCEPTIONS TO BE COMPLETED WHERE APPLICABLE

In some cases, even if you have not been in California for more than a year and a day, you may still qualify for either residence classification or a tuition/fee waiver under one of the following special exceptions provided by law. Check if any one of the following exceptions applies, and please bring the requested documentation (an original and one copy) with you.

### Self Support

If you are under 19 years of age, and you have supported yourself financially for at least one year and a day, please provide the following:

- (1) Documentation of employment (either your W-2 forms or a letter from your employer showing earnings for the past year),
- (2) A statement that you have actually been present in California for the past year, AND
- (3) A statement showing all your expenses for the past year.

### Adult Dependent of a California Resident

If you have not been an adult resident of California for more than one year and you either (a) are the dependent child of a California resident who has residence in California for more than one year or (b) have a parent who has both contributed court-ordered support for you on a continuous basis and has been a California resident for a minimum of one year, please provide documentation of your parent's California residency.

### Dependent of a Military Member

If you are a child or spouse of a member of the armed forces of the United States who is stationed in California, please provide the following:

- (1) A statement from the military person's commanding officer or personnel officer AND
- (2) Evidence that you are a dependent of the military person's for federal tax purposes.

### Military Member on Active Duty in California

If you are a member of the armed forces of the United States stationed in California on active duty and not assigned for educational purposes to an LACCD college, please provide the following:

- (1) A statement from your commanding officer or personnel officer that the assignment to active duty in California is not for educational purposes AND
- (2) Evidence of the date of assignment to California.

### Military Member Remaining in California After Discharge

If you were: (1) a member of the armed forces of the United States who was stationed in this state on active duty for more than one year immediately prior to being discharged AND (2) have remained in California after your discharge for less than a year and a day, you may be eligible for resident classification. Please provide a copy of your Military Discharge Form, DD-214.

### Public School Employee With a Valid Credential or Emergency Permit

If you hold a valid credential or a valid emergency permit authorizing service in the California public schools, are employed by a school district in a full-time position, and are enrolling in an LACCD college to fulfill credential requirements, please provide the following:

- (1) A statement from your employer showing that you are employed in a full-time position requiring certification qualifications AND
- (2) A copy of your credential.

### Full-Time Employee of a California State Agency Assigned to Work Outside California (or Child or Spouse of Such Employee)

If you, your parent or spouse is a full-time employee of a California state agency (i.e., any office, department, division, bureau, board or commission of the state of California) and assigned to work outside California, please provide the following:

- (1) Evidence of such employment AND
- (2) Evidence of the out-of-state assignment.

### To Be Hired By a Public Agency as a Peace Officer

If a public agency (e.g., city, county, district or other local authority or public body of or within the state of California) intends to classify you as a peace officer upon successful completion of a police academy training course at an LACCD college, please provide the following:

- (1) Evidence that you have passed all other requirements of the hiring public agency AND
- (2) Evidence that the public agency intends to classify you as a peace officer.

### Agricultural Laborer for Hire (or Child of Such Laborer)

("Agricultural labor for hire" means seasonal employment in connection with actual production of agricultural crops, including seeding, thinning and harvesting.) If your parent earns a livelihood by performing agricultural labor for hire, please provide the following: (1) Evidence that your parent with whom you live earns a livelihood primarily by performing agricultural labor for hire and has performed such labor in California for at least two months in each of the two preceding years, (2) Evidence that your parent lives within the district, AND (3) Proof that your parent claims you as a dependent on his/her income tax return, if your parent had sufficient income to incur personal income tax liability.

If you are an agricultural laborer for hire, please provide evidence showing that you earn a livelihood primarily by performing agricultural labor for hire and that such labor has been performed in California for at least two months in each of the preceding two years.

### Relocated Federal Civil Service Employee (or Child of Such Employee)

If you or your parent is a federal civil service employee who moved to California as a result of a military mission realignment action that involved the relocation of at least 100 employees, please provide:

- (1) Evidence of such employment AND
- (2) Evidence of the reassignment to California.

### Graduate of a School in California Operated by the United States Bureau of Indian Affairs

If you are a graduate of any school located in California that is operated by the United States Bureau of Indian Affairs, including, but not limited to, the Sherman Indian High School, please provide a copy of your diploma.

### Surviving Dependent of Any Individual Killed in the September 11<sup>th</sup> Attacks

If you are a surviving dependent of an individual killed in the September 11, 2001 terrorist attacks (i.e., the World Trade Center in New York City, the Pentagon in Washington, D.C., or the crash of United Airlines Flight 93 in Pennsylvania) and you were given written notice of eligibility for a tuition and fee waiver by the California Victim Compensation and Government Claims Board, please provide a copy of your notice of waiver.

**PART F – TO BE COMPLETED BY ALL STUDENTS**

The burden of proof is on the student to clearly demonstrate both physical presence in California and intent to establish a permanent home in California. You are required to present evidence in accordance with Education Code Sections 68040 et seq.

You must bring two of the following kinds of documents from the list below. The documents presented must be valid, readable and cover the **one year and one day period before the first day of the semester**. Documents should also be properly identified with respect to student name and a corresponding California address.

Call \_\_\_\_\_ to make an appointment. When you come in, bring this form, your original documentation and a copy of the documentation. **Do not mail or fax this form.**

\*\*\*\*NEED TWO FROM THE FOLLOWING LIST\*\*\*\*

PLEASE CHECK ITEM (S) SUBMITTED

- |   |  |
|---|--|
| <input type="checkbox"/> California state income tax forms from previous year   | <input type="checkbox"/> California driver's license and/or California identification card             |
| <input type="checkbox"/> Documentation of purchase and/or lease of residential real estate in California covering a one year period | <input type="checkbox"/> Active California checking or savings account for one year period             |
| <input type="checkbox"/> California automobile registration   | <input type="checkbox"/> Selective Service registration with California permanent address              |
| <input type="checkbox"/> California voter registration  | <input type="checkbox"/> Receipt of benefits from a California state agency covering a one year period |
| <input type="checkbox"/> Credit card statements with a California address covering a one year period                                | <input type="checkbox"/> California high school transcripts  |
| <input type="checkbox"/> Utility bills (gas, water, power, telephone) with a California address covering a one year period          | <input type="checkbox"/> Any California occupational license   |
|   | <input type="checkbox"/> Miscellaneous (Please list: _____)  |

**DECLARATION – TO BE COMPLETED BY ALL STUDENTS**

I certify under penalty of perjury that all the information I have given on this form is true and complete to the best of my knowledge. I understand that falsification or withholding of information requested shall constitute grounds for dismissal. I understand that I will be requested to provide proof of some statements in accordance with Education Code Sections 68040 et seq.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Residence Code: \_\_\_\_\_ Classified By: \_\_\_\_\_ Date: \_\_\_\_\_

**Pending:**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Documents requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_