



wccadmissionsinfo@yccd.edu



ycadmissions@yccd.edu

## RESIDENCY RECLASSIFICATION REQUEST

Use this form to request a review of your residency status. To be classified as a resident, you must have been physically present in California for more than one year immediately prior to the term requested and demonstrate the intent to make California your permanent home. Additional factors may also apply to residency reclassification.

**All sections must be completed, and documentation is required.** Documents submitted must be valid and legible, and dated at least one (1) year and one (1) day prior to the start date of the term requested.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Home College: ☐ Yuba College ☐ Woodland Community College

Enrollment Term: ☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Citizenship Status\*: ☐ US Citizen ☐ Permanent Resident: \_\_\_\_\_ Date Issued: \_\_\_\_\_

☐ Asylee/Refugee ☐ DACA ☐ Other Visa: \_\_\_\_\_

*\*Non-US citizens must provide documentation of citizenship status in addition to required documentation.*

### PHYSICAL PRESENCE AND INTENT TO RESIDE

19 years old or older at the start of the term: complete questions in this section as they pertain to you.

18 years old or younger at the start of the term: complete questions in this section as they pertain to your parent(s)/guardian(s):

Parent/Legal Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you intend to make California your permanent residence? ☐ Yes ☐ No

Have you lived in California **continuously** for the last 24 months? ☐ Yes ☐ No

If No, list the states you lived in the past 24 months and the dates you lived there:

State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What date did your **current** stay in California begin? \_\_\_\_\_

Since this date, have you:

Maintained voter registration and voted in a state other than California? ☐ Yes ☐ No

Been a petitioner for divorce in a state other than California? ☐ Yes ☐ No

Attended an out-of-California institution as a resident of that state? ☐ Yes ☐ No

Declared non-resident status for state income tax purposes? ☐ Yes ☐ No

Do you possess a valid driver's license or ID card? ☐ Yes ☐ No If Yes, State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Do you have current registration of a motor vehicle? ☐ Yes ☐ No If Yes, State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Do you own or rent property in California? ☐ Yes ☐ No If Yes, Date Purchased/Move In Date: \_\_\_\_\_

Do you have an active California bank account? ☐ Yes ☐ No If Yes, Date Opened: \_\_\_\_\_

Were you employed in California in the past year? ☐ Yes ☐ No If Yes, Employer: \_\_\_\_\_

List the state and year in which your last two state income tax returns were filed:

State: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

### FINANCIAL INDEPENDENCE

Did your parent(s) or legal guardian(s) claim you as a dependent exemption for the state and/or federal tax purposes for the current or previous calendar years? ☐ Yes ☐ No

Have you received or will you receive more than \$750 in financial assistance from your parent(s) or legal guardian(s) in the current or previous calendar years? ☐ Yes ☐ No

Have you lived or will you live for more than six weeks with your parent(s) or legal guardian(s) during the current or previous calendar years? ☐ Yes ☐ No

*If you answered "Yes" to any of the questions in this section you will need to provide proof of your parent(s) or legal guardian(s) residency status.*

### MILITARY STATUS

Are you a member of the U.S. Armed Forces? ☐ Yes ☐ No If Yes, Home of Record State: \_\_\_\_\_

Are you a dependent of a member of the U.S. Armed Forces? ☐ Yes ☐ No If Yes, Relationship: \_\_\_\_\_

If Yes to either above: ☐ Active Duty: State Currently Stationed: \_\_\_\_\_ ☐ No Longer Active: Discharge Date: \_\_\_\_\_

### REQUIRED DOCUMENTATION

Select two documents from the list below to be included with this form. Additional documentation may be requested to determine eligibility.

One document must be dated and include information from at least one year and one day prior to the start date of the term requested. Documents must include name and address.

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| <input type="checkbox"/> California Driver's License or ID Card            | <input type="checkbox"/> Voter's Registration in California  |
| <input type="checkbox"/> California Motor Vehicle Registration             | <input type="checkbox"/> Ownership of property or rental/lease agreements  |
| <input type="checkbox"/> Federal or California State Income Tax Forms      | <input type="checkbox"/> Utility bills (electric, gas, water, phone)   |
| <input type="checkbox"/> License for CA professional practice or business  | <input type="checkbox"/> Statements of active bank account with California address                                       |
| <input type="checkbox"/> Military records showing CA as the home of record | <input type="checkbox"/> Transcripts showing continuous enrollment at a CA school  |
| <input type="checkbox"/> Proof of employment in California                 | <input type="checkbox"/> Evidence of public assistance, rehabilitation, unemployment, or other California State services |

### CERTIFICATION

***I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND DOCUMENTS SUBMITTED BY ME ARE TRUE, ACCURATE AND CORRECT.*** I further understand that all materials submitted by me for the purposes of residency reevaluation become property of Yuba Community College District. I understand that falsification, withholding pertinent data, or failure to report changes in residency may result in my dismissal.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Processed by: \_\_\_\_\_ Date: \_\_\_\_\_