

Residence Information Affidavit

Office of the Registrar | Mail Code L-109 | 3181 S.W. Sam Jackson Park Rd. | Portland, OR 97239-3098 503-494-7800 | 800-775-5460 | www.ohsu.edu/registrar | regohsu@ohsu.edu

For more information about Oregon residency for tuition proposes, visit <u>www.ohsu.edu/registrar</u> and click on Oregon Residency. For eligibility criterial, see OHSU <u>Policy 02-10-010 Student Residency for Tuition Purposes</u>.

Section 1: Applicant Background

Nam	ne (print)		Student ID Number							
		Last	First	Middle						
Pres	ent Mailing Address	s Number &	Church			City	C+		7:	
								ate	Zip	
Ema	il			Ph	one					
Perr	nanent Mailing Add	ress								
	U	Number &	Street			City	St	ate	Zip	
Age		_Date of Birth		Place of Birth						
Deg	ree and Program of	Study (e.g., MD; N	1PH Epidemiol	ogy)						
First	Year and Term of e	enrollment: Year _		Term						
1	For what term a	re you seeking resi	dence classific	ation? Year		Tern	n			
2	Have you previo	usly applied at this	institution for	r a change in reside	nce status for tuit	tion purposes	? 🗆 Yes	🗆 No		
	If "yes," indicate	e term	an	d year						
3		ere and when did you graduate from high school? Name of high schoolGrad DateGrad Date								
4	If you graduated	If you graduated from an accredited high school or home school in Oregon no more than 7 years ago: Has at least one of your parents or legal guardians continued to reside in Oregon since you completed high school? \Box Yes \Box No (If yes, attach proof of parent/guardian residence								
5	When did your r	nost recent contin	uous stay in Or	regon begin? Mont	h	Day_		Yea	r	
6	Since your most	recent continuous	stay in Orego	n began, have you	attended a privat	e or public co	llege, univer	sity or comr	nunitycollege?	
	🗆 Yes 🗆 No				Name of Instit	tution	Term	Year	Credit	
7	If you answered	"yes" to question	6 nlease indic	ate				_	Hours	
'	•), term, year and ci								
	enrollment in the table provided. (Attach additional pages if necessary)									
	Attach addition	ai pages il fiecessa	· y)							
8	Have you ever pai									
	university (includi	ng community colle	ege)?□Yes [□ No						
9	If "yes" to questio	n 8, please indicate	e where and da	ates of attendance.						
	From <u>to</u>	Name o	of institution			Location				
	From <u>to</u>	Name o	of institution			Location				

10 Are you a citizen of the USA? \Box Yes \Box No If "no," attach a copy of both sides of Resident Alien Card, Form I-94, or other documentation reflecting your visa type or current status.

11 Have you received financial assistance from a state or government unit or agency (other than Federal Student Financial Aid) during the past 12 months? □ Yes □ No

If "yes," indicate state, agency, and explain:

Will you be receiving such assistance during the next 12 months? \Box Yes \Box No

If "yes," indicate state, agency, type of assistance, disbursement date, and explain:______

12 List totals of your expenses and financial resources for the past 12 months:

a. Expenses:

Total Expenses: (includes rent/mortgage, utilities, car payment, insurance, gas, groceries, spending money, etc.) \$______

b. Financial Resources:

Self –Support: (includes wages, salary, commission, unemployment benefits, alimony, etc.	\$ Identify source(s):
Support from parent, guardian or other person not including spouse: (includes room and board, tuition assistance, other general monetary support)	\$ Identify relationship:
Support received from federal or state financial aid:	\$ Identify type of aid:
Other sources of support: (includes spousal income, gifts, loans, savings, inheritance, trusts, stocks, VA benefits)	\$ Identify specific source(s):

Section 2: Dependent or Independent

I am applying as (select one):

□ A Financially **Dependent** Person

A Financially **Dependent** Person has been claimed as a dependent on the federal and state income tax returns of another person (except for a spouse) during the immediately preceding tax year; **or** has received in the immediately preceding calendar year, and will receive during the current calendar year, one-half or more of their support, in cash or in kind, from another person or persons, except for support received from their spouse.

If you are applying as a Financially Dependent Person, your parent, legal custodian, or other person upon whom you are dependent, must complete Section 3 of this form providing proof of his/her Oregon domicile. Verification of your dependent status must be documented by submitting a true and correct copy of that person's **state and federal income tax returns** (top portion listing exemptions and signature section only)* for the most recent tax year.

> * (The extent of disclosure required concerning state and federal tax returns is limited to the number of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.)

A Financially Dependent student becomes eligible for Oregon residency starting with the first term after the person they are dependent upon meets the requirements for residency and the student applies for reevaluation of residency.

□ A Financially Independent Person

A Financially **Independent** Person has not been claimed as a dependent during the immediately preceding tax year, and will not be claimed as a dependent during the current tax year, on the federal or state income tax returns of any other person (except for a spouse); **and** has not received in the immediately preceding calendar year, and will not receive during the current calendar year, one-half or more of their support, in cash or in kind, from another person or persons, except for support received from their spouse.

If you are applying as a Financially Independent Person, you must complete Section 3 of this form. To substantiate your financial independence, you are required to submit appropriate documentation:

- 1. A true and correct copy of your state and federal income tax returns for the tax year immediately prior to the year in which this application is made. If you did not file state and federal income tax returns because of minimal or no taxable income, documented information concerning the receipt of such nontaxable income must be submitted.
- 2. A true and correct copy of your W2 form filed for the previous tax year
- Other documented financial resources. Such other resources may include, but are not limited to, the sale of personal or real property, inheritance, trust fund, state or financial assistance, gifts, loans, earnings, or savings of the spouse of a married student.

A Financially Independent Student must meet the residency requirements at the time of matriculation.

Section 3: Proof of Residence

This section is being completed and signed by \Box Student \Box Parent \Box Legal Custodian \Box Other person upon whom the student is dependent (Note: Not to be completed by spouse)

Name					Phon	Phone ()				
	Last		First	Mi	iddle					
Addre	ess									
Address Number & Street					City	State	ZIP			
Date of arrival in Oregon to establish a permanent home: Mo					Yr	explain why you moved	to Oregon			
			· ·		provided					
	•	• •	-	ne past 12 months (from landlords).	e.g. copies of rent recei	pts, lease or home purcl	hase agreements,			
	List chronologically your employment, activity or physical presence for the past two years, giving exact information as asked below. You must account for entire two year period. (Add additional pages if necessary)									
Dates			Location			Employer or Activities				
from_	to									
	mo./day/yr.	mo./day/yr.	City	State	Employer/Activ	ity	Hours/wee			
from_	toto									
	mo./day/yr.	mo./day/yr.	City	State	Employer/Activ	ity	Hours/wee			
from_	to to									
	mo./day/yr.	mo./day/yr.	City	State	Employer/Activ	ity	Hours/wee			
from_	to to						_			
	mo./day/yr.	mo./day/yr.	City	State	Employer/Activ	rity	Hours/weel			
	If you were out of Oregon since your continuous presence began, give dates and reasons for your absence. fromtoto									
····	mo./day/yr.	mo./day/yr.	City	State	Reason for Abs	ence				
from	to									
-	to <u></u> to	mo./day/yr.	City	State	Reason for Abs	ence				
from	to									
_	to to to	mo./day/yr.	City	State	Reason for Abs	ence				
List ye	ears for which yo	ou filed an Orego								
Attac	Attach a copy of your taxes filed in the state of Oregon. (Note: See Section 2 for documentation of tax returns.)									
ls inco	ome being withh	eld from your ea	irnings for Oreg	on income taxes? 🗆] Yes 🗆 No					
			e Tax Return th							

Personal Statement If you have additional information/documentation you wish to include to support your case, or a statement to provide pertinent information related to your intent in coming or returning to Oregon please provide additional sheets as necessary. If providing a statement, please pay special attention to your history and activities as related to the residency requirements as outlined in the Residency Standards.

Final Steps

If applying as a Financially Independent Person, only the student must sign this affidavit; if applying as a Financially Dependent Person, both the student and the person claiming the student as a dependent must sign this affidavit.

TO BE SIGNED BY STUDENT

By providing my name, I swear that the information supplied by me in this affidavit is complete, true and correct.

Signature of student

TO BE SIGNED BY PERSON COMPLETING SECTION 3 FOR A DEPENDENT STUDENT

By providing my name, I swear that the information supplied by me in this affidavit is complete, true and correct.

Signature of parent, guardian or other person completing section 3

When completed, return this form to: regohsu@ohsu.edu, or Office of the Registrar | Mail Code L-109 | 3181 S.W. Sam Jackson Park Rd. | Portland, OR 97239-3098