

**COS ADMISSIONS & RECORDS OFFICE
SUPPLEMENTAL RESIDENCE QUESTIONNAIRE**

Name: _____ SSN: _____
 Last Name First Name Middle Initial

Phone: () Alt. Number: () Birthdate: / /

Current Address Street City State Zip Since When: / /

Permanent Address Street City State Zip Since When: / /

At least two proofs of residency must accompany this form in order to be considered for California Residency.

STUDENT
(all students must complete)

PARENT/GUARDIAN
(respond only if student is under 19)

Have you been physically present in California for the past year? Yes or No: _____

When did your present stay in California begin? Enter date: _____

Do you have a California Drivers license? If yes, date received: _____

Is your vehicle licensed in California? If yes, date registered: _____

Did you file federal income tax showing California as the home address? If yes, date filed: _____

Are you registered to vote in California? If yes, date registered: _____

Did you pay California income tax as a California resident? If yes, date filed: _____

Do you have an active California bank account? If yes, date opened: _____

Do you own residential property in California? If yes, date purchased: _____

Have you received a license from California for professional practice? If yes, date received: _____

Have you attended COS on the Oregon Exchange permit? Yes or No _____

Are you, your spouse, or parent employed full-time by a California public (tax supported) school, college or university? Yes or No _____

Have you maintained California as a permanent military address or home of record while in the armed forces? If yes, date of entry: _____

Are you a spouse or dependent of a person on full-time military duty in California? If yes, since what date: _____

CERTIFICATION

I certify under penalty of perjury that the above statements are true and correct to the best of my knowledge.

Students Signature: _____ Date: _____

FOR OFFICE USE ONLY: Resident _____ Nonresident _____