



Required Residency Declaration

We must identify the state residency of our applicants. Please mark the appropriate box and provide the information requested.

DATE

Month	Day	Year

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Social Security Number

Business Telephone () _____

Home Telephone () _____

(Please Print)

Name _____
Last First MI

Home Address _____

Number Street

City State Zip code

Residents of Massachusetts complete this section:

I have resided continuously in the Commonwealth of Massachusetts since: DATE

Month	Day	Year

My permanent, legal address:

Number Street

City State Zip code

Non-Residents of Massachusetts complete this section:

I do not qualify for Massachusetts residency.

I am not a resident of Massachusetts, but I have a natural parent or legal guardian who provides my financial support, who has a legal Massachusetts residence. Therefore, I qualify for in-state residency.

Name and permanent address of natural parent or legal guardian

(Please Print)

Name _____
Last First MI

Home Address _____

Number Street

City State Zip code

Please consult the policy statement on the reverse of this sheet to understand how residency status is determined and the process for appeals.

Signature Date