

NAME: _____

NECC ID: _____

DIRECTIONS: PLEASE READ THE DEFINITIONS BELOW BEFORE COMPLETING THE STATE RESIDENCY FORM. This form is required as part of the Verification Process. Please contact us at financialaid@necc.mass.edu if you have any questions about this form. The form must be submitted in person to the Financial Aid Office in Haverhill (SC118) or Lawrence (L151) or submitted through secure form submission: <https://www.necc.mass.edu/admissions/tuition/financial-aid/apply-for-aid/financial-aid-forms/secure-form-submission/>

Your **STATE OF LEGAL RESIDENCE** is where you live and maintain your permanent home address. If you moved to a state only to attend school, most likely this is not your state of legal residence. Usually, the state of legal residence is intended to be permanent with no intent to move back to your former state; for example, when you have purchased or rented a new home and intend to live there indefinitely.

Your **DATE OF RESIDENCY** is the month and year you moved to the state to begin living there. For non-citizens of the US, it is **not** the date a Permanent Resident (green) card was received; it is the month and year you began living in your state.

STUDENT INFORMATION: Please answer the following questions.

1. What is your state of legal residence? _____
2. Did you become a legal resident of this state before January 1, 2018? Yes No
3. If the answer to question 2 is "No," give the month and year you became a legal resident of this state: _____

If you were required to report parent information on the 2022-2024 FAFSA, please complete the section below for that same parent.

PARENT INFORMATION (FOR DEPENDENT STUDENTS ONLY): Please answer the following questions.

1. What is your parents' state of legal residence? _____
2. Did your parent(s) become legal residents of this state before January 1, 2018? Yes No
3. If the answer to question 2 is "No," give the month and year legal residency began for the parent who has lived in the state the longest: _____

CERTIFICATION: By signing this worksheet, I certify that all the information reported is complete, true, and accurate to the best of my knowledge. I understand that I may be required to provide additional information at the request of the Financial Aid Office. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Signatures must be handwritten and not digital/electronic/typed signatures.

Student Signature_____
Date_____
Parent Signature (of Dependent Student)_____
Date