LONG BEACH CITY COLLEGE
RESIDENCE RECLASSIFICATION FORM

SEMESTER: Fall____ Spring____ Summer____ Year: 20____

Name: (Print) _____Stu ID#_____
LAST FIRST MI

Date of Birth: _____ **Phone Number:** _____

Address: _____
NO. STREET CITY STATE ZIP

1. Are you a U.S. Citizen?..... Yes_____ No_____
   If "No" what type of visa or other documentation do you have? _____

2. Were you financially independent for the last three years?..... Yes_____ No_____

3. Did you file your own state and federal income tax returns for the last three years? Yes_____ No____

   If "Yes", state where filed_____ When did you start paying CA State income tax?_____

   If "No", which year(s) did you not file your own? _____

If you responded "NO" to either question #2 or #3, please complete items 4 through 7 below: Otherwise, skip to item 8.

4. Did your parents claim you as an exemption on their state or federal …….Yes_____ No_____
   income tax returns anytime in the last three years?

   If "yes", which year(s)? _____

5. Did you receive more than $750 in financial assistance from……..Yes_____ No_____
   parents anytime in the last three years?

   If "yes", which year(s)? _____

6. Did you live with your parents for more than six weeks anytime in the last three years? Yes___ No____

   If "yes", which year(s)? _____

7. Are your parents California residents?.....Yes____ No_____
   If your parents are divorced/ separated, indicate residence of each:

   _____ _____
   Mother Father

8. **To be completed by all students:** Most recent driver's license: State_____ Date Issued: _____

   Car Registration: State_____ Date Registered_____

I declare (certify) under the penalty of perjury that all information on this form is complete, true and correct. I further understand that should any of said information prove to be otherwise, I will be subject to dismissal from the college and that my academic record will not be released.

_____
Signature Date