MSJC | Mt. San Jacinto College

Supplemental Residency Questionnaire

San Jacinto Campus
1499 N. State Street
San Jacinto , CA 92583
(951) 487-3215

Menifee Valley Campus
28237 La Piedra Road
Menifee, CA 92584
(951) 639-5215

Temecula Valley Campus
41888 Motor Car Parkway
Temecula, CA 92591
(951) 639-5205

San Gorgonio Pass Campus
3144 W. Westward Ave.
Banning, CA 92220
(951) 922-1327

Please Print: _____
Last Name First Name MI

_____
Student ID # Term/Year Date of Birth

The laws of the State of California (Education Code 68040) authorize college officials to require the information requested below if the college deems necessary. The burden of proof is on the student to demonstrate clearly both physical presence in CA and intent to establish a permanent home in CA. To be considered for CA residency you must not be precluded from establishing residency by provision of the Immigration and Nationality Act. You must be physically present in CA for one year and one day prior to the start of the term and show original documentation to establish intent. Three forms of proof are required that date back one year and must be presented in-person. Additional proof may be required.

Failure to complete the Supplemental Residency Questionnaire properly or to supply requested information or documentation may result in classification as a nonresident.

PART A TO BE COMPLETED BY ALL APPLICANTS

What is your citizenship status? ☐ U.S. Citizen ☐ Permanent Resident ☐ Other _____

Permanent Legal Address: _____
Address City State Zip Code

1. When did your present stay in California begin? _____
Month Day Year

2. List the addresses where YOU have lived the past 2 years:

_____
Number and Street City State Zip Code Length of time at address

_____
Number and Street City State Zip Code Length of time at address

☐ I am currently homeless or was formerly homeless within the last 2 years. Date range: _____

3. If you are or will still be UNDER 19 before the first day of the term, where have your PARENTS or GUARDIANS lived the past 2 years?

_____
Number and Street City State Zip Code Length of time at address

_____
Number and Street City State Zip Code Length of time at address

4. Do you have a driver's license? ☐ Yes ☐ No

If yes, _____
State Issue Date License Number

5. Have you owned an automobile in the past year? ☐ Yes ☐ No If yes, in what state was it registered? _____

6. In what state are you registered to vote? State: _____ Date last voted: _____

7. Do you own real estate (Real Property)? ☐ Yes ☐ No If yes, where: _____

8. Do you have an active checking or savings account in a California bank? ☐ Yes ☐ No

Name of bank: _____ City: _____ Date account was opened: _____

9. Have you been employed during the past year? ☐ Yes ☐ No If yes, which state? _____

A. _____
Employer City State FROM: Mo/Yr TO: Mo/Yr

B. _____
Employer City State FROM: Mo/Yr TO: Mo/Yr

10. Did you file California State income tax last year? ☐ Yes ☐ No

11. If you are or will still be UNDER 25 before the first day of the term, are you financially independent? ☐ Yes ☐ No ☐ N/A

12. Have you (or if you are under 19, your parents)
declared non-residence for California State income tax purposes? ☐ Yes ☐ No
attended an out-of-state institution as a resident of that other state? ☐ Yes ☐ No

If yes, what state: _____ when: _____
FROM: Mo/Yr TO: Mo/Yr

PART B TO BE COMPLETED BY APPLICANTS WHO ARE FORMER OR CURRENT MILITARY MEMBERS

1. Name of person in your family in the military: _____ Relationship: _____

2. Address: _____
Number Street City State Zip

3. Currently on Active Duty in California? ☐ Yes ☐ No

4. State of military legal residence (DD2058): _____

5. Date you joined military: _____ Home of Record: _____ Separation date: _____

6. If discharged from military within the past two years, provide state of last duty station, duration, and type of discharge:

State of last duty station: _____ Duration: _____ Type of discharge: _____

7. Do you qualify to use Montgomery/Post 911 GI Bill Education Benefits, transferred benefits, or Fry Scholarship? ☐ Yes ☐ No

I certify under penalty of perjury that the information on this questionnaire is correct, and I understand that falsification or failure to report change in residency may result in a violation of student conduct.

_____
Signature **Date**

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE ENROLLMENT SERVICES OFFICE

OFFICE USE ONLY:

☐ CA State income tax
☐ CA driver's license
☐ CA ID card
☐ CA bank accounts
☐ CA motor vehicle ownership
☐ CA address on Federal income tax
☐ CA real property home ownership
☐ Certificate of Eligibility for GI Bill
☐ Military state of legal residence certificate
☐ Certificate of release or discharge from Active Duty, DD-214
☐ Employment in CA
☐ Rent receipt
☐ Voter registration
☐ Homeless Youth
☐ Foster Youth

Minor or adult dependent of a CA resident (parent/guardian information verified)? ☐ Yes ☐ No

Other _____

_____
Enrollment Services Clerk Date