



Oregon Health & Science University
Instructions for Completing Residence
Information Affidavit

Name (Print) _____ Telephone Number (_____)

Special Note: This completed form and all required documentation must be submitted by the last day to register for the term in which resident status is sought, but it is highly recommended that all materials be submitted at least 30-45 days prior to the first day of the term.

A. IF YOU ARE FINANCIALLY INDEPENDENT:

1. Fill out the complete affidavit. Do not leave any blanks or questions unanswered.
2. Provide the following items:
 - a. Copies of rent receipts, lease, letter from landlord, canceled checks or home purchase agreement verifying residence in Oregon for the 12 months prior to the quarter of application.
 - b. Copy of Oregon State vehicle registration, if you own a vehicle. If you use, but do not own a vehicle, it must also be registered in the State of Oregon.
 - c. Copy of State of Oregon driver's license, if you drive.
 - d. Any other documents you may have to show that you have established a "home" in Oregon (e.g., club/organization membership cards, bank account).
 - e. For applicants under the age of 24, a copy of your parent's (or legal custodian's) state and federal tax return for the most recent tax year (top portion listing exemptions and signature section only).
 - f. Documents verifying your financially independent status for the current calendar year and the prior calendar year (including, but not limited to, tax return for the most recent tax year, W2 forms, financial aid award letters, irrevocable trust funds, wage receipts).
 - g. If you are not a U.S. citizen, attach a copy of both sides of your Resident Alien Card, Form I-94, Temporary Resident Card or other verification of your status with the Immigration and Naturalization Service (INS).
3. Sign Section 2:2 A *and* have the affidavit notarized.

Decisions on residence status are based on documentary evidence submitted. Documents are part of your file and are not returned.

B. IF YOU ARE FINANCIALLY DEPENDENT (SUPPORTED BY A PARENT OR LEGAL CUSTODIAN BUT EXCLUDING SPOUSE):

1. You fill out Section 1 and Section 2. If you are not a U.S. citizen, attach a copy of both sides of your Resident Alien Card or Form I-94.
2. Your parent or legal custodian completes Section 3 and provides documents verifying his or her status as a State of Oregon resident and documents verifying your dependent status (See A 2. a-e above on this sheet). If your parent or legal custodian is not a U.S. citizen, attach a copy of both sides of his or her Resident Alien Card, Form I-94, Temporary Resident Card or other verification of his or her status with the INS.
3. Your parent or legal custodian must have the affidavit notarized.

Decisions on residence status are based on documentary evidence submitted. Documents are part of your file and are not returned.

C. FEDERAL MILITARY PERSONNEL (United States Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, Air National Guard):

1. If you were a resident of the State of Oregon for a minimum of one year prior to leaving the state as a member of the military:
 - a. Fill out the complete affidavit.
 - b. Provide documented evidence that you resided in the state for a minimum of one year and that you are in the military.
 - c. Provide copy of DD214 form.
2. If you are the spouse or dependent of a member of the military, you complete Sections 1 and 2, and your spouse, parent or legal custodian completes Section 3. Your spouse, parent or legal custodian must provide the documented evidence that he or she is a member of the armed services and is residing in the State of Oregon while assigned to active duty in this state.
3. If you are a member of the armed services and are residing in the State of Oregon while assigned to active duty in this state, fill out the complete affidavit and provide documentation that confirms your current military assignment status.

Oregon Health & Science University Residence Information Affidavit

Special Note: You are requested to provide voluntarily your Social Security Number in order to assist OHSU in tracking your relations with OHSU and to adequately coordinate files and programs which may relate to you. By providing your Social Security Number, you are consenting to these uses only. This request is made pursuant to ORS 353.050 and 353.060. Provision of your Social Security Number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit or privilege provided by law. OHSU will disclose your Social Security Number only if authorized by law.

Section 1:

Name (Print) _____ Telephone Number (_____) _____

Present Mailing Address _____

Permanent Mailing Address _____

Social Security Number (Optional, see above) _____ Student Number _____

Age _____ Date of Birth _____ Place of Birth _____

1. When did your last continuous stay in Oregon begin? (month/day/year) _____

2. Have you previously applied at this institution for a change in residence status? Yes () No ()

3. For what term are you now seeking residence classification? Term _____ Year _____

4. At this institution I am or will be enrolled as a: New Student () Continuing Student () Returning Former Student ()

If continuing or former student, give number of credit hours for which you were registered during the past year:

Hours/Term/Year Hours/Term/Year Hours/Term/Year Hours/Term/Year

5. Where and when did you graduate from high school? High School _____ Grad Date _____

6. Have you attended an Oregon institution(s) during the past year? Yes () No ()

7. If yes to question 6, please indicate where and dates of attendance.

School _____ From _____ To _____ School _____ From _____ To _____

8. Have you attended an Oregon educational institution as a National Exchange, WICHE/WUE or Reciprocity student? Yes () No ()

9. Have you ever paid in-state tuition at a public institution of higher education? Yes () No () if yes, date of last term. School _____ From _____ To _____

School _____ From _____ To _____

10. Country of citizenship: _____, if not USA, type of visa or other status _____

Do you hold permanent or temporary resident immigration status? Yes () No ()

Do you hold refugee or political asylum status? Yes () Not ()

If yes to any of above, you must attach a copy of both sides of Resident Alien Card or Form I-94, or other documentation.

11. Have you received financial assistance from a state or government unit or agency thereof during the past twelve months? Yes () No () If yes, indicate state and/or agency and explain _____

Will you be receiving such assistance during the next twelve months? Yes () No () If yes, indicate the state and/or agency, type of assistance, disbursement date and explain: _____

12. List totals of your financial resources for the past 12 months:

a. Support from Parent or legal custodian (all living expenses, travel, etc.) A. _____

b. Other support from outside sources (including spouse, financial aid, gifts, personal loans, savings, financial support from relatives or friends, inheritance, trusts, stocks bonds, VA benefits, etc.) B. _____

c. Self support (wages, salary, commissions, interest income, etc.) C. _____

The total of A, B, and C (must meet or exceed the total in D). Total (A,B,C) _____

d. Total expenses (including all living expenses, travel, etc.) D. _____

13. Are you presently on extended active duty in federal uniformed military service (Army, Air Force, Navy, Marine, Coast Guard, National Guard, Air National Guard)? Yes () No ()

14. If you answered yes in question 13, are you stationed and residing in Oregon? Yes () No ()

15. Are you the spouse or dependent child of a federal uniformed military person on active duty in Oregon? _____

16. From what state did you enter the military? _____ Discharge Date _____

Section 2

1. Are you applying for resident status as a dependent student whose parent or legal custodian has maintained a bona fide domicile in the State of Oregon for the past year? Yes () No () If yes, your parent or legal custodian must complete Section 3 of this form providing proof of his or her Oregon domicile and verification of your dependent status must be documented by submitting a true and correct copy of your parent's or legal custodian's state and federal income tax return (top portion listing exemptions and signature section only) for the most recent calendar year. (The extent of the disclosure required concerning the parent's or legal custodian's state and federal tax returns is limited to the number of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.)
2. Are you applying for resident status as a financially independent student? Yes () No () If yes, you must complete the remainder of this form.

Student's sworn statement: I have not and will not be claimed as an exemption for federal income tax purposes by any person except myself or my spouse for the current calendar year and for the calendar year immediately prior to the year in which this application is made; and I have not received and will not receive financial assistance in cash or in kind of an amount equal to or greater than that which would qualify me to be claimed as an exemption for income tax purposes by any person except myself or my spouse during the current year and for the calendar year immediately prior to the year in which this application is made. Signature: _____ Date: _____

3. To substantiate your financial independence, you are required to submit appropriate documentation:
 - a. A true and correct copy of your state and federal income tax returns for the calendar year immediately prior to the year in which this application is made. If you did not file a state or federal income tax return because of minimal or no taxable income, documented information concerning the receipt of such nontaxable income must be submitted.
 - b. A true and correct copy of your W2 form filed for the previous calendar year.
 - c. Other documented financial resources. Such other resources may include, but are not limited to, the sale of personal or real property, inheritance, trust fund, state or financial assistance, gifts, loans, earnings or savings of the spouse of a married student.
 - d. For applicants under the age of 24, a true and correct copy of the first page and signature page of the state and federal tax returns of your parents, legal custodian, or person or persons having legal custody of you for the calendar year immediately prior to the year in which this application is made. (The extent of the disclosure required concerning the parent's or legal custodian's state and federal tax returns is limited to the number of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.)

Section 3:

This section is being completed and signed by the () Student () Parent () Legal Custodian (Note: not to be completed by spouse.) Do not leave any questions blank. No action will be taken nor can any decision be made unless all questions are completed and all required documentary evidence is submitted.

1. Name (Last, Middle, First) _____ Phone _____
Address _____
2. Date of your arrival in Oregon to establish a permanent home: Month _____ Day _____ Year _____
Purpose of moving to Oregon _____
You must attach proof of your presence in Oregon the past twelve months (e.g. copies of rent receipts, lease or home purchase agreements, canceled rent checks, letters from landlords).
3. Do you own () rent () your housing? If not, explain how your housing is provided: _____

4. List chronologically your employment or physical presence for the last two years giving exact information as requested below. Attach additional pages if necessary.

From _____ to _____ City/State _____ Employer/Activity _____ hrs/week _____

From _____ to _____ City/State _____ Employer/Activity _____ hrs/week _____

From _____ to _____ City/State _____ Employer/Activity _____ hrs/week _____

From _____ to _____ City/State _____ Employer/Activity _____ hrs/week _____

5. If you were out of Oregon during the last 12 months, give dates, and reasons for your absence.

From _____ to _____ City/State _____ Explanation _____

From _____ to _____ City/State _____ Explanation _____

From _____ to _____ City/State _____ Explanation _____

6. Have you registered to vote? Yes () No () If yes, give date of issue _____ You must attach copy of your current voter's registration card.

7. Do you own or use any motor vehicles, mobile homes, trailers or boats? Yes () No () If yes, give type of vehicle, license number, state and dates of registry. You must attach a copy of vehicle registration (not the title).

Have any of these vehicles previously been registered in another state? Yes () No ()

8. Do you have a driver's license? Yes () No () If yes you must attach a copy of your driver's license.

9. Do you have a checking account? Yes () No () If yes, since what date? _____

Name of Financial Institution _____ City _____ State _____

Do you have a savings account? Yes () No () If yes, since what date? _____

Name of Financial Institution _____ City _____ State _____

10. List years for which you filed an Oregon Income Tax Return _____

11. Is income being withheld from your earnings for Oregon income taxes? Yes () No ()

12. Do you intend to file an Oregon Return this year? Yes () No () If no, why not? _____

Additional Comments (or attach other information/documentation) you think important: _____

NOTARIZATION

This affidavit cannot be acted upon until notarized for the person completing Section 3.

To be completed by a notary public after this form has been filled out.

State of: _____ County of: _____

The undersigned person, being first duly sworn, deposes and says: The foregoing statements are, and each of them is, complete, true, and correct, and that Oregon Health & Science University may rely upon them.

Signature (in presence of Notary) _____

Subscribed and Sworn to before me this _____ day of _____, Year _____
(seal)

Notary Public _____

My Commission expires: _____

When completed, return this form to the Registrar's Office at the address listed below.

Persons interested in further information on or assistance with residency classification should contact:

Mickie Bush, Registrar
Oregon Health & Science University, L-109
3181 SW Sam Jackson Park Rd.
Portland, OR 97201-3098
(503) 494-1277 or (800) 775-5460
E-mail: bushm@ohsu.edu