



2017-2018 Statement of Residency Information

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840

978-762-4189 or 781-477-2191

www.northshore.edu/financial-services

sfs@northshore.edu

Required (please print)	RES								
Student ID# <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> Last Name: _____ First Name: _____	N	0	0						<p><i>In order to receive state funded financial aid, you need to provide residency information. Our records indicate that you, or your parents (if applicable), did not provide this information on your Free Application for Federal Student Aid (FAFSA). Please indicate your residency below and send it back to us immediately. Residency (domicile) is your true, fixed, and permanent home. If you moved into a state for the sole purpose of attending a college, do not count that state as your legal residence.</i></p>
N	0	0							

Student Information

The state where I legally reside is: _____
NAME OF STATE

I have been a resident of this state since: _____
MONTH/YEAR

STUDENT'S SIGNATURE _____

DATE _____

IMPORTANT: If you completed the FAFSA as a dependent student, parental information and signature below are required. If you completed the FAFSA as an independent student, parental information and signature below are not required. **We cannot accept digital signatures.**

Parent Information (if dependent)

The state where my parent(s) legally reside is: _____
NAME OF STATE

My parent(s) have been a resident of this state since: _____
MONTH/YEAR

PARENT'S SIGNATURE _____

DATE _____