

REQUIRED (PLEASE PRINT)

RES

SSN: _____ - _____ - _____

LAST NAME: _____

FIRST NAME: _____

NORTH·SHORE
COMMUNITY COLLEGE

STUDENT FINANCIAL SERVICES
One Ferncroft Road, Danvers, MA 01923-0840
(978) 762-4189 or (781) 477-2191
www.northshore.edu

Statement of Residency Information (2008-2009)

Dear Financial Aid Applicant:

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.

Student Name: _____ SSN: _____
(please print)

Address: _____

City: _____ State: _____ Zip: _____

The state where I legally reside is _____.
(name of state)

I have been a resident of this state since _____.
(month/year)

Student 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.

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 signature: _____ Date: _____