

**RESIDENCY ANALYSIS FORM**

**PLEASE PRINT ALL INFORMATION CLEARLY**

Today's Date \_\_\_\_\_ First Name \_\_\_\_\_ Middle or Maiden Name \_\_\_\_\_ Last Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street and Number: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HOME TEL #: (\_\_\_\_) \_\_\_\_\_ RUTGERS I.D. (RUID) #: \_\_\_\_\_

MOBILE TEL #: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

STATUS: \_\_\_ Undergraduate \_\_\_ Graduate AGE: \_\_\_ Under 24 \_\_\_ 24 and Older GENDER: \_\_\_ Female \_\_\_ Male

INITIAL DATE OF ADMISSION TO RUTGERS UNIVERSITY: TERM \_\_\_\_\_ YEAR \_\_\_\_\_

COLLEGE / GRADUATE SCHOOL IN WHICH ENROLLED: \_\_\_\_\_ SCHOOL #: \_\_\_\_\_

TERM / YEAR FOR WHICH CHANGE IS REQUESTED (Circle One): FALL SPRING SUMMER YEAR: \_\_\_\_\_

I CLAIM NEW JERSEY RESIDENCY FOR TUITION PURPOSES AS (Please check ALL that apply):

- \_\_\_\_ (A) a GRADUATE OR GRADUATE PROFESSIONAL SCHOOL STUDENT who resides in NEW JERSEY,
- \_\_\_\_ (B) a student who is FINANCIALLY INDEPENDENT (See Policy Statement II, C),
- \_\_\_\_ (C) a student who is INDEPENDENT- **Born BEFORE 1/1/94 (Fall 17 & Spring 18 applicants) or 1/1/95 (Fall 18 & Spring 19 applicants)**,
- \_\_\_\_ (D) a student who is INDEPENDENT by virtue of being a VETERAN of the ARMED SERVICES,
- \_\_\_\_ (E) a DEPENDENT of NEW JERSEY RESIDENT PARENT(S) or U.S. COURT APPOINTED LEGAL GUARDIAN(S),
- \_\_\_\_ (F) a student who is DEPENDENT upon an out-of-state parent(s) or guardian(s), but who has resided in NEW JERSEY for 12 or more consecutive months prior to initial enrollment at Rutgers University,
- \_\_\_\_ (G) a SPOUSE / CIVIL UNION PARTNER of a NEW JERSEY RESIDENT.

**NOTE:** New Jersey domicile and all supporting documentation must be in effect prior to the beginning of the semester for which you are requesting a change in your residency status. File all petitions no later than the last day of final exams in the semester for which the change is sought. Once the Residency Analysis Form (RAF) has been submitted, any additional supporting documentation requested by the University, must be received within 30 days.

**PART I: ALL STUDENTS MUST COMPLETE THIS SECTION. PLEASE COMPLETE ALL QUESTIONS WITH FULL RESPONSES**

1. \_\_\_\_\_  
First Name Middle or Maiden Name Last Name
2. Date of Birth: \_\_\_\_\_ Birthplace (City, State, Country): \_\_\_\_\_
3. U.S. Citizen: \_\_\_ YES \_\_\_ NO If "NO," please state VISA TYPE: \_\_\_\_\_ or GREEN CARD #: \_\_\_\_\_
4. \_\_\_\_\_  
(Mother's Name and Current Address, City, State, Country, Zip Code)  
\_\_\_\_\_  
(Father's Name and Current Address, City, State, Country, Zip Code)
5. Do you have a sibling attending Rutgers (his/her RUID) : \_\_\_\_\_
6. Marital or Civil Union Status: \_\_\_ Single \_\_\_ Married or partner in a Civil Union. If "MARRIED or Partner in a Civil Union," please complete the following:  
On (Marriage or Civil Union Date) \_\_\_\_\_ in (City, State, Country) \_\_\_\_\_  
I married or entered into a Civil Union with (Name of Spouse or Civil Union Partner) \_\_\_\_\_ and since (Date) \_\_\_\_\_, we have been living at: \_\_\_\_\_  
(Number and Street) (City, State and Zip Code)  
At the time of our marriage or Civil Union, my Spouse or Civil Union Partner was a resident of (State) \_\_\_\_\_.  
SHE / HE IS / IS NOT attending Rutgers University. If "YES," name under which Spouse or Civil Union Partner is Enrolled: \_\_\_\_\_  
\_\_\_\_\_. Spouse or Civil Union Partner's Student I.D.: \_\_\_\_\_  
Spouse's or Civil Union Partner's School: \_\_\_\_\_ Spouse or Civil Union Partner is: \_\_\_ Undergraduate \_\_\_ Graduate

7. Name, Address, City, State and dates of last secondary school(s) you attended:

\_\_\_\_\_  
\_\_\_\_\_

8. Name, Address, City, State and dates of attendance, and degree(s) conferred for ALL of your POST SECONDARY institutions:

\_\_\_\_\_  
\_\_\_\_\_

9. All Addresses, Cities, States for the last four years including dates of extended periods of travel, if any:

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_  
\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_  
\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_

10. Last out-of-state Address, City, State:

\_\_\_\_\_

11. Reason(s) for moving to New Jersey and future plans: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Employment history for the last three years. (Please list most recent Employer first, include Address, City, State):

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

13. Please list, if any, accounts held at banks or savings institutions (include Bank Name, Full address, City, State, and Type of Account):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please identify how your financial needs (i.e. college, tuition, living expenses, etc.) are being met, and identify who is funding those expenses:

\_\_\_\_\_  
\_\_\_\_\_

15. For the most recent tax year \_\_\_\_\_, I appeared as a dependent on the federal or state income tax return of Parent(s)/Guardian(s) Full Name's

\_\_\_\_\_ whose relationship to me is \_\_\_\_\_.

16. For the current tax year \_\_\_\_\_, I WILL APPEAR as a dependent on the federal or state income tax of Parent(s) / Guardian(s) Full Name's

\_\_\_\_\_ whose relationship to me is \_\_\_\_\_.

**PART IIA - FOR UNDERGRADUATE STUDENTS**

**DOMICILE DATA - TO BE COMPLETED BY A, B, C or D BELOW - PLEASE ANSWER ALL QUESTIONS WITH FULL RESPONSES:**

\_\_\_\_\_(A) Your **PARENT(S)** or **LEGAL GUARDIAN(S)** (Legal Guardian is defined as a principal appointed by a U.S. Court to act "in loco parentis" for a minor {a person under 18 years of age}) if you are claiming residency as a "**DEPENDENT STUDENT**" or

\_\_\_\_\_(B) **YOURSELF** if you are claiming residency as an "**INDEPENDENT STUDENT**" or

\_\_\_\_\_(C) Your **SPOUSE OR CIVIL UNION PARTNER** if you are claiming residency by virtue of "**Marriage to or Civil Union with a NEW JERSEY RESIDENT**" or

\_\_\_\_\_(D) Yourself, if you are a dependent student with out-of-state parent(s) or guardian(s) and you are claiming residency in New Jersey based on your own residency in New Jersey for 12 or more consecutive months prior to initial enrollment.

16. \_\_\_\_\_  
Name(s) of Self, Parent(s), or Guardian(s) - Include First, Middle / Maiden, and Last Name(s)
17. Relationship to Student: \_\_\_\_\_
18. My dwelling is: OWNED BY (Give Name(s) and Relationship): \_\_\_\_\_ (Date of Deed) \_\_\_\_\_  
or LEASED from (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_ or RENTED MONTH to MONTH at:  
\_\_\_\_\_  
(Number and Street) (County, if New Jersey)  
\_\_\_\_\_  
(City, State and Zip Code) (Telephone Number)
19. Address appearing on last April's (list most recent tax year) \_\_\_\_\_ FEDERAL INCOME TAX Return:  
\_\_\_\_\_  
(Number and Street) (City, State, Zip Code)
20. For the last tax year, \_\_\_\_\_, I / WE FILED / DID NOT FILE a RESIDENT N.J. Personal Income Tax Return.  
I / WE FILED / DID NOT FILE a NONRESIDENT N.J. Personal Income Tax Return.  
I / WE FILED STATE INCOME TAX in \_\_\_\_\_ (List state)
21. I / WE AM / ARE REGISTERED to vote in (Enter applicable state and registration date): \_\_\_\_\_
22. I / WE DO / DO NOT hold a valid driver's license. If "YES," please indicate: State(s) \_\_\_\_\_ Date of Issue \_\_\_\_\_  
Person #1: Last Renewed \_\_\_\_\_ Expiration Date \_\_\_\_\_ Person #2: Last Renewed \_\_\_\_\_ Expiration Date \_\_\_\_\_
23. I / WE DO / DO NOT own or lease a motor vehicle(s). If "YES," please indicate: State(s) in which Vehicle(s) is/are Registered \_\_\_\_\_  
Car #1: State/Date of Issue \_\_\_\_\_ Last Renewed \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Car #2: State/Date of Issue \_\_\_\_\_ Last Renewed \_\_\_\_\_ Expiration Date \_\_\_\_\_
24. I / WE DO / DO NOT use a motor vehicle owned by another person. If you do use a vehicle, please indicate the state where vehicle is registered \_\_\_\_\_  
Is the vehicle registered on campus?: \_\_\_\_\_ Yes \_\_\_\_\_ No Your Relationship to the Owner \_\_\_\_\_
25. I / WE have previously been licensed to drive in the state(s) of: \_\_\_\_\_

**PART IIIA - FOR UNDERGRADUATE STUDENTS: TO BE COMPLETED BY PERSON(S) COMPLETING PART II (IF OTHER THAN STUDENT):**

- 26-A. Person #1: U.S. citizen: \_\_\_\_\_ YES \_\_\_\_\_ NO; If "NO" please state: Visa Type \_\_\_\_\_ or Green Card # \_\_\_\_\_  
26-B. Person #2: U.S. citizen: \_\_\_\_\_ YES \_\_\_\_\_ NO; If "NO" please state: Visa Type \_\_\_\_\_ or Green Card # \_\_\_\_\_
27. List ALL Addresses, Cities, States for the last three years (starting with most recent address) including dates of extended periods of travel, if any:  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_
28. Reason(s) for moving to New Jersey & future plans: \_\_\_\_\_  
\_\_\_\_\_
29. Employment history for the last three years. (Please list most recent employer first, include Address, City, State):  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_
30. Please list accounts held at New Jersey banks or savings institutions: Bank or Savings Institution  
Address, City, State Type of Account  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IIB - FOR GRADUATE STUDENTS**

**Domicile DATA - To Be COMPLETED BY A or B Below - PLEASE ANSWER WITH FULL RESPONSES.**

- \_\_\_\_\_ (A) YOURSELF if you are claiming residency as an "INDEPENDENT STUDENT" or
- \_\_\_\_\_ (B) Your SPOUSE or CIVIL UNION PARTNER if you are claiming residency by virtue of "Marriage to or Civil Union with a NEW JERSEY RESIDENT"

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16. \_\_\_\_\_  
Name of Person Identified in A or B above
17. Relationship to Student \_\_\_\_\_
18. My dwelling is: OWNED BY: Give Name(s) and Relationship: \_\_\_\_\_  
or LEASED from (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_ or RENTED MONTH to MONTH at:  
\_\_\_\_\_  
(Number and Street) (County, if New Jersey)  
\_\_\_\_\_  
(City, State and Zip Code) (Telephone Number)
19. Address appearing on last April's (list most recent tax year) \_\_\_\_\_ FEDERAL INCOME TAX Return  
\_\_\_\_\_  
(Number and Street) (City, State, Zip Code)
20. For the last tax year \_\_\_\_\_, I **Filed / Did not File** a RESIDENT N. J. Personal Income Tax Return  
I **Filed / Did not File** a NONRESIDENT N.J. Personal Income Tax Return  
I **Filed** STATE INCOME TAX in \_\_\_\_\_ (List state)
21. I **DO / DO NOT** vote in (Enter applicable state and date of registration): \_\_\_\_\_
22. I **DO / DO NOT** hold a valid driver's license. If "YES," please indicate: State(s) \_\_\_\_\_ Date of Issue \_\_\_\_\_
23. I **DO / DO NOT** own or lease a motor vehicle(s). If "YES," please indicate State(s) in which Registered \_\_\_\_\_  
State/Date of Issue \_\_\_\_\_ Last Renewed \_\_\_\_\_ Expiration Date \_\_\_\_\_
24. I **DO / DO NOT** use a motor vehicle owned by another person.  
If you do use a vehicle, please indicate the state where vehicle is registered \_\_\_\_\_  
Your Relationship to the Owner \_\_\_\_\_
25. I have previously been licensed to drive in the state(s) of: \_\_\_\_\_

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**PART IIIB – FOR GRADUATE STUDENTS TO BE COMPLETED BY PERSON(S) COMPLETING PART II (IF OTHER THAN STUDENT)**

26. U.S. citizen: \_\_\_ YES \_\_\_ NO. If "NO" please state: Visa Type \_\_\_\_\_ or Green Card # \_\_\_\_\_
27. List ALL Addresses, Cities, States for the last three years (starting with most recent address) including dates of extended periods of travel, if any:  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT/OWN \_\_\_\_\_
28. Reason(s) for moving to New Jersey & future plans: \_\_\_\_\_  
\_\_\_\_\_
29. Employment history for the last three years. Please list most recent employer first, include Address, City, State.  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
\_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_
30. Please list accounts held at New Jersey banks or savings institutions:  
Bank or Savings Institution Address, City, State Type of Account  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PART IV – VALIDATION**

STUDENTS MUST SIGN THE STATEMENTS BELOW and obtain applicable signatures of PARENT(S), LEGAL GUARDIAN(S), or SPOUSE/CIVIL UNION PARTNER. ANY FALSE STATEMENT or withholding of pertinent information is a separable offense under the University's Disciplinary Hearing Policy.

(A) **STATEMENT BY SPOUSE or CIVIL UNION PARTNER** (if applicable): The information provided herein is true to the best of my knowledge and belief.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

(B) **STATEMENT BY PARENT(S) OR LEGAL GUARDIAN(S) SUPPORTING THE DEPENDENT UNDERGRADUATE APPLICANT:**

I / WE have contributed the following support to the applicant - List all support for prior year, current year, and for the next academic year:  
Did you, or will you claim the applicant as a dependent on your federal or state income tax return?

<u>Year:</u>	<u>Amount or Nature of Support:</u>		
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

The information I / WE have provided herein is true and complete to the best of MY / OUR knowledge and belief.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ANY CHANGE IN RESIDENCY STATUS MAY IMPACT THE STUDENT'S FINANCIAL AID PACKAGING**

(C) **STUDENT'S DISCLAIMER STATEMENT:** I have read both the Rutgers University Policy Statement on Student Residency for Tuition Purposes and the Residency Analysis Instruction Page.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

(D) **NOTARIZED STATEMENT BY STUDENT:** I affirm that the information provided by me herein is true and complete to the best of my knowledge and belief. I understand that providing false information to the University is a separable offense under the Code of Student Conduct.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

(E) **NOTARY SEAL and SIGNATURE of NOTARY:**

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_

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**BE CERTAIN PRIMARY and SECONDARY DOCUMENTATION ACCOMPANIES THIS FORM, (SEE INSTRUCTIONS)**

Revised 08/10/2017

**FAILURE TO PROVIDE ANSWERS TO EACH AND EVERY QUESTION IN THIS RESIDENCY ANALYSIS FORM (RAF) MAY RESULT IN THE UNIVERSITY'S INABILITY TO RULE ON THIS APPLICATION.**

NEW JERSEY DIVISION OF TAXATION  
DOCUMENT CONTROL CENTER  
PO BOX 269  
TRENTON, NEW JERSEY 08695-0269

NAME AND ADDRESS AS SHOWN ON TAX RETURN:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR IDENTIFICATION NUMBER SHOWN ON DOCUMENT

\_\_\_\_\_

TELEPHONE NUMBER AT WHICH WE CAN REACH YOU DURING THE DAY

\_\_\_\_\_

TYPE OF TAX	TAX YEAR(S)
Gross Income Tax (NJ-1040, NJ-1040NR, NJ-1040X, NJ1041)	
Corporation Business Tax** (CBT-100, CBT-100S)	
Sales Tax** (ST-50)	
Property Tax Relief (PTR, Homestead Benefit)	
Payroll Tax (NJ-927)	
Other**	

\*\*Requests for copies of Corporation, Sales, Payroll or Other taxes must be submitted on company stationery and signed by an officer of the company. Any return filed electronically using the On-Line Services Filing and Payment Services can be obtained by logging on with your Business Identification Number and assigned PIN number.

\*\*If you are not the person who signed the tax return, you must obtain a signed release form from the individual whose tax return you seek. If such person is unable to sign the release form, we will need a completed Appointment of Taxpayer Representative form (M-5008-R) or other proof of authorization before we can honor your request.

CURRENT ADDRESS IF DIFFERENT FROM ABOVE:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_