

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 1/1/1995 (Fall 18, Spring 2019 & Summer 2019 applicants) or 1/1/1996 (Fall 2019, Spring 2020 & Summer 2020 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"

-
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: _____

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

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 _____

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

Revised 08/13/2018

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: _____