



Residency Reclassification Financial Statement

Note: Students under the age of 24 will be required to complete this financial statement in support of their claim of "independent" status and requesting reclassification. Attach additional pages as necessary.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

PID \_\_\_\_\_

Were you claimed as a dependent on your parent or legal guardian's Federal and/or State (if applicable) Tax Returns for the preceding calendar year? [ ] yes [ ] no (Copies of your tax returns and your parents' tax returns are required).

Did you receive any type of financial aid (e.g. student loans, grants, scholarships, etc.) for the preceding academic year? [ ] yes [ ] no (If yes, you must provide copies of your Financial Aid Award Letters).

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Please complete the following section regarding your sources of support/income:

Employment income: Identify name of employer, dates of employment, rate of pay, and number of hours per week)

Table with 4 columns: Name of Employer, Employment Dates, Rate of Pay, Hours per Week. Includes two rows of blank lines for data entry.

Sources of Support:

Table with 3 columns: Source, Amount, Method of Payment (Lump sum, mo. payments). Rows include Trust Fund/Inheritance, Family Members, and Other: (Indicate source in space provided).

Please provide a summarization of your income/assets and costs/expenses for the last twelve months:

Table with 2 main columns: Income/Assets and Costs/Expenses. Sub-headers include Employment, Financial Aid, Other, Rent/Mortgage, Utilities, Tuition, Food, Medical, Transportation, Other, and Total.

Note: You are required to support your claim of independent status by providing employment records, tax returns, affidavits, financial aid award letters, bank records, etc.

I do hereby swear or affirm that the information contained herein is true and accurate to the best of my knowledge.

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