Determination of California Residency

CA 2010-2011

Please complete using BLACK or BLUE INK.

Student Applicant's Last Name _____ First Name _____ Middle Initial _____

CCC ID Number _____ Social Security Number _____ Birthdate _____

E-mail Address _____ Telephone # _____ Cell Phone # _____

California Student Aid Commission (CSAC) regulations require that we receive proof of your California residency before processing your Cal Grant. CSAC requires that in addition to maintaining physical presence in California, you provide evidence of your intent to make California your permanent home.

As evidence of your intent, please provide at least two (2) of the items listed below:

* Proof of California voter registration
* Proof of employment in California
* Copy of a California driver's license or California ID card
* Proof of payment of California income tax as a resident
* Proof of establishing and maintaining active bank accounts in California
* Copy of California motor vehicle registration

Continuous California Residency: Student

Students who have reached, or will reach the age of 18 on or before March 2, 2010, must have maintained continuous California residency according to the Community Christian College Admissions residency policy.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United States Criminal Code.

Student's Signature _____ *Date* _____

Continuous California Residency: Student Minor

Minor students (those who do not meet the above criteria) derive their residency status from the parent or non- parent adult who is responsible for direct care and control of the student. California residency is required for either the parent or the non-parent adult to qualify as a California resident. To qualify as a responsible non-parent adult, he/she must have had continuous direct care and control of the student for one year prior to March 2, 2010.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United States Criminal Code.

Parent Signature _____ *Date* _____

Parent Cell Phone Number _____ *Parent Email Address* _____

Office of Financial Aid * Community Christian College
251 Tennessee Street, Redlands, Ca 92373 * Phone: 909-335-8863 * Fax: 909-335-9101 * cccollege.edu

The Financial Aid Office does not discriminate on the basis of race, color, national origin, gender, age, disability or status as a veteran in any of its policies, practices, or procedures.