



## 2010–11 Ohio State Residency Validation

### I. Student Information

_____	_____	_____	_____	
Last	First	Middle	Student ID or Social Security	
_____				
Current Street Address	City	State	Zip	
_____				
Permanent Street Address	City	State	Zip	Country
(Non-college address, unless independent and living permanently in the area)				

### II. Parent's Current Address

_____	_____	_____	_____	_____
Street Address	City	State	Zip	Country

### III. Additional Student Information — Please provide all requested information.

_____	_____	_____	_____
Driver's License #	State	High School Graduation Year	State

In which state are you registered to vote? \_\_\_\_\_

In which state are your parents registered to vote? \_\_\_\_\_

Have you filed an Ohio Income Tax Return?  Yes  No

Did your parents file an Ohio Income Tax Return for the most recent year?  Yes  No

Who, if anyone, claimed you as an exemption on the past year's Federal Tax Return? \_\_\_\_\_

You have lived in Ohio from \_\_\_\_/\_\_\_\_ (month/year) to \_\_\_\_/\_\_\_\_ (month/year).

If you have lived in Ohio for less than one full year, please provide a history of state residency for the past 12 months: \_\_\_\_\_

Answer either the dependent or independent portion of this question:

*Dependent Student—under age 24 and/or living with parent(s)*

My parents maintain a 12-month residence in Ohio:  Yes  No

*Independent Student—age 24 or older and/or married*

I maintain a 12-month residence in Ohio:  Yes  No

I certify that the above information/statements are correct and complete to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### IV. Submission of Form

Mail completed form to: Financial Aid Office  
251 N. Main Street  
Cedarville, OH 45314

Or fax completed form to: 937-766-7639