

MCLA

Verification of Residency Form

Student's *LEGAL* Name _____ A _____ MCLA ID# _____

Your Free Application for Federal Student Aid (FAFSA) contained incomplete or inconsistent information concerning your state of legal residence. As a result, you must complete the following information to be considered for state financial aid funds.

Please complete the highlighted sections:

Student:

- a. What is your state of legal residence: _____
- b. Did you become a legal resident of this state
before January 1, 2016. _____
- c. If the answer to b. is “**NO**”, give the month and year
you became a legal resident. _____

Parent:

- a. What is your state of legal residence: _____
- b. Did you become a legal resident of this state
before January 1, 2016. _____
- c. If the answer to b. is “**NO**”, please give the month and
year you became a legal resident. _____

By signing this form you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your state income tax forms for the current and/or previous tax years. If you purposely give false or misleading information, you may be fined, sent to prison or both.

Student

Date

Mother/ Step-mother
(Dependent Student Only)

Father/Step-father
(Dependent Student Only)

Please Return Form To:
MCLA
Financial Aid Office
375 Church Street
North Adams, MA 01247
Phone: 413-662-5219 / Fax: 413-662-5105