2019/2020
MASSACHUSETTS RESIDENCY VERIFICATION FORM (for State funds)

You have received this form because there is a discrepancy or missing information on your FASFA concerning your state of legal residency. **In addition to completing this form you must contact the Office of Student Financial Assistance at 617-391-6070 and provide them with the necessary documentation they may require.** We cannot consider you for State funds unless you comply.

**Student**

What is your State of legal residence? _______________

Did you become a legal resident of this state before January 1, 2014?

( ) Yes    ( ) No

If the answer to the above question is “No” give the month and year you became a legal resident: _______________.

**Parent**

What is your parents’ state of legal residence? _______________

Did your parents become legal residents of this state before January 1, 2014?

( ) Yes    ( ) No

If the answer to the above question is “No” give month and year legal residency began for the parent who has lived in the state the longest: _______________.

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE(student)______________________________DATE:_________________

SIGNATURE (parent)______________________________DATE:_________________