



**WORCESTER**  
S T A T E  
**UNIVERSITY**

Financial Aid  
Phone: 508-929-8056  
Fax: 508-929-8194

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC22MRF

**2022/2023**

**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, 2017?

( ) 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, 2017?

( ) 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: \_\_\_\_\_