



# RESIDENCE QUESTIONNAIRE

This form is used to help determine your residency status.

**Spokane Falls Community College**  
 Residency Office MS 3011  
 3410 W Whistalks Way  
 Spokane WA 99224-5288  
 509-533-3500  
 SFCC.Residency@sfcc.spokane.edu

**Spokane Community College**  
 Residency Office MS 2151  
 1810 N Greene St  
 Spokane WA 99217-5399  
 509-533-7014  
 SCC.Residency@scc.spokane.edu

**DIRECTIONS:** Complete this form only if you did not meet the requirements listed on the [Residency Affidavit](#) form. Only one of the two forms needs to be submitted and returned to the college in person or by email (contact information above) along with any documentation you have. Once we receive the form you will be sent a confirmation email. If you have any questions about this form or the Residency Affidavit, please ask us for help in person, by email, or by phone. Current quarter residency status change requests must be submitted by the 30th calendar day of the quarter. Residency Questionnaires received after this date will be considered for the next quarter.

Name	LAST	FIRST	MI	ctcLink ID number
Address	STREET		CITY	STATE ZIP
E-mail address		Phone number ( )		Birth date
For what term are you now seeking residence classification? Year 20____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer				

**QUESTION #1**

Have you received financial assistance from a Washington State agency during the past 12 months or will be receiving financial assistance from a Washington State agency during the next 12 months? (Examples: DSHS, Apple Health, TANF, Basic Food, etc.)

Yes  No **If yes, indicate agency, type of assistance, disbursement dates, etc.**

**If you answered "yes" to question #1, skip question #2 and #3, complete the signature section and submit this form with documentation.**

**QUESTION #2**

Have you or your parent or court-appointed legal guardian lived in Washington State for at least one year?  Yes  No

**If you answered "no" to question #2, skip question #3, complete the signature section and submit this form with documentation.**

**QUESTION #3**

**This section is being completed by:**  Parent or Legal Guardian  Student

When did you start living in Washington State: Month ____ Year ____	Did you start living in Washington State for the purpose of education? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List where you lived for the last year below in chronological order. Attach additional page if necessary.

DATES		ADDRESS		
FROM: Month & Year	TO: Month & Year	Street	City	State

**SIGNATURE SECTION**

Please provide documentation that you have lived in Washington State the past 12 months. Examples include Washington State voter registration, motor vehicle registration from Washington State, Washington State driver's license, utility bills, rental statements, mortgage statements, or proof you have used financial assistance in Washington State, but there are many more options. If you are not sure what to provide, please visit, email, or call us using the contact information at the top of the form.

I certify that all information provided above and all supporting documentation is accurate.

Signature of legal guardian/parent (if they completed part of the form) _____	Date _____
Signature of student _____	Date _____