



## Residency Reclassification Petition Instructions

**According to Board Policy, a nonresident student must file a Residency Reclassification Petition before the start of the semester for which reclassification is to be effective.**

*AP 5015 Residence Determination Reference: Education Code Sections 68000; Title 5, Sections 54000*

If a student's present stay in California began less than two years before the beginning of the semester for which a student is petitioning he or she is required to submit supporting documentation with their petition. A student must establish his/her own residency. A student's residency cannot be derived from his/her spouse or domestic partner. Students under 19 years of age and unmarried derive California residency from their parents. The parents must meet the eligibility requirements and provide required documentation demonstrating physical presence in California and intent to make California their permanent residence.

**These documents must verify:**

1. Your eligible citizenship status: If applicable, you may need to submit eligibility documentation if you have not held your eligible citizenship status 1 year before the opening day of the term for which you are petitioning (Refer to SECTION A, Eligibility Requirement).
2. Your physical presence in California began 1 year and 1 day before the term you are petitioning. *This means your physical presence and all intent to reside documents must be dated before the residency determination date:*

<input type="checkbox"/> Summer 2018 Intersession: June 17, 2017
<input type="checkbox"/> Fall 2018 Semester: August 26, 2017
<input type="checkbox"/> Spring 2019 Semester: January 13, 2018

3. Your source of income is derived from California (Refer to SECTION B, Source of Income/Financial Dependence.)
4. Your intent to reside in California as a resident (Refer to SECTION C, Intent to Reside.)

**SECTION A: Eligibility Requirement**

A student must first meet the eligibility requirements and be physically present in California for at least one year before the beginning of the term for which he/she is petitioning. A student must hold an eligible citizenship status for at least one year prior to the opening day of the term for which you are petitioning. Documentation may be requested from this section if a student's status is held less than one year or if applicable to clarify a student's status.

**Persons eligible to establish California residency are:**

<input type="checkbox"/> U.S. Citizens
<input type="checkbox"/> Permanent Residents (Documentation required)
<input type="checkbox"/> Holders of Visas Types: A-1, A-2, A-3, E-1, E-2, G-1, G-2, H-1, H-4*, I, K, L-1, L-2, O-1, O-3, R, T, U (Documentation required) *H-4 Visa Holders: Please also provide copy of H1 or H1-B visa from who you derive your H-4 visa
<input type="checkbox"/> Asylees or Refugees (Documentation required)
<input type="checkbox"/> Undocumented or Holders of Visa Types that prohibit establishment of residency who have filed a change of status (Documentation required). Change of status includes:
<input type="checkbox"/> Applying for Permanent Residency

<input type="radio"/> Applying for Legalization pursuant to Immigration Reform and Control Act
<input type="radio"/> Applying for a change of status to a visa which permits establishing domicile (These visa applications must be granted.) Visas include: A, E, G, H-1, H-4*, I, K, L, O-1, O-3, or R
<input type="radio"/> Applying for Asylum
<input type="radio"/> Applying for Family Unity Program
<input type="radio"/> Applying for Temporary Protected
<input type="radio"/> Approved for Deferred Action for Childhood Arrivals (DACA)

### SECTION B: Source of Income/Financial Dependence

Submission of one document from this section is required to verify a student's source of income. Documents submitted must include the name of the student and be dated prior to the residency determination date of the semester for which you are petitioning (*see Residency Determination Dates*).

<input type="checkbox"/> California State income tax return filed as a resident (Form 540) and W-2 forms for ALL income reported <i>OR</i> employment pay stubs dated prior to the determination date of residency and most current. Pay stubs must reflect the student's employment. If you are between the ages of 18 and 24 years old you will need to submit a copy of your parent(s) California state income tax return along with your own state income tax return if you filed. Your parent's California state income tax return should show they have filed as a resident (Form 540) and indicates that the student was claimed as a dependent in the state of California.
<input type="checkbox"/> Notice of Actions from the California Health and Human Services Agency (i.e. Medi-Cal), State of California Social Services Notifications (i.e. CalFresh (Food Stamps), Cash Aid, Passport to Services Benefits Summary or receiving Temporary Assistance for Needy Families (TANF). Documentation of rehabilitation, California unemployment Insurance, or other California state services in student's name.
<input type="checkbox"/> Leave and Earning statements (LES) showing California claimed for tax purposes for military personnel.

### SECTION C: Physical Presence & Intent to Reside

A minimum of two documents from this section are required to verify both the intent to reside in California and a student's continuous physical presence in California for one year. Documents submitted must include the name of the student and be dated prior to the residency determination date of the semester for which you are petitioning (*see Residency Determination Dates*). Upon review of documents submitted, additional documentation may be requested to assist a student's reclassification. *Documents which may be used to support your request for California residency classification include:*

<input type="checkbox"/> Valid California Motor Vehicle Registration in student's name.
<input type="checkbox"/> Valid California Driver's License or California Identification Card in student's name.
<input type="checkbox"/> Voter's Registration in California in student's name.
<input type="checkbox"/> Rental or Leasing Agreement or Mortgage in California in student's name.
<input type="checkbox"/> Bank statements in student's name from an active bank account in California; must provide statements dated prior to the determination date of residency & current statement to verify the account is still active.
<input type="checkbox"/> Military records in student's name showing California as the home of record (i.e. Copy of Stationing Orders, LES, DD214 and Military ID)
<input type="checkbox"/> Licensure from California for professional practice in student's name.
<input type="checkbox"/> Membership in service or social club, place of worship in California in student's name.
<input type="checkbox"/> Petition for a divorce in California in student's name.
<input type="checkbox"/> Out of State institution (College or University) non-resident tuition receipts in student's name showing California as permanent home address or letter on school letter head confirming permanent home address while attending institution.
<input type="checkbox"/> Utility bills in student's (i.e. electricity/gas & power, water services, cable television. Student must provide a statement dated prior to the determination date of residency and current statement to verify the account is still active. <b>Please Note: <i>Wireless phone billing statements and credit card statements will not be accepted.</i></b>

## Frequently Asked Questions

***I'm still not sure what documentation to submit with my Residency Reclassification petition. Is there a way I can find out before I turn in my petition?***

Yes, you are welcome to request an "unofficial" review of your residency, please provide the following information to [residency@deltacollege.edu](mailto:residency@deltacollege.edu):

1. Name
2. Delta ID Number
3. Reason you believe the Non Resident classification is incorrect

You will receive an email response within five (5) working days. Although no change to your residency classification will be made based on an "unofficial" review, an "unofficial" review often speeds the reclassification process because you know what documentation to submit when you request a residency reclassification through the formal process.

***How do I submit my Residency Reclassification Petition?***

Submit your completed Residency Reclassification Petition and copies of your supporting documentation one of the following ways:

- In Person: DeRicco Lobby 1<sup>st</sup> floor: Admissions and Records Window during regular office hours
- By Mail: San Joaquin Delta College Attention: Residency, Admissions and Records Department, 5151 Pacific Avenue, Box 102, Stockton, CA 95207
- By Email: Scan your Residency Reclassification Petition and supporting documentation into pdf format (pictures will not be accepted), attach and send by email to [residency@deltacollege.edu](mailto:residency@deltacollege.edu)

***What if the term has already begun and I haven't filed my petition yet?***

Residency Reclassification Petitions may be filed through the *third week* of the current semester to request a review of residency status only *if* extenuating circumstances existed and prohibited you from filing the petition before the beginning of the term. You must provide a typed one page explanation with copies of supporting evidence of your extenuating circumstance.

**You will need to submit your extenuating circumstance statement with supporting evidence, your Residency Reclassification Petition and supporting documentation for the current semester no later than the filing deadline dates listed below:**

TERM	SUBMISSION DEADLINE
<input type="checkbox"/> Summer 2018 Intersession	July 9, 2018
<input type="checkbox"/> Fall 2018 Semester	September 17, 2018
<input type="checkbox"/> Spring 2019 Semester	February 4, 2019

### ***How long will my residency reclassification review take?***

The Admissions and Records Office has 14 calendar days after receipt of your Residency Reclassification Petition to respond to your request. All responses will be sent to your assigned Delta College student email account. You are advised to check your student email account daily for updates after you have submitted your petition. You may be asked to provide additional documentation by a specific deadline date.

Remember, it is your responsibility to check and respond to your student email account in a timely manner. A review response will not be sent to your personal email account or by phone. The Family Rights and Privacy Act (FERPA) prohibit the College from discussing any information concerning this matter with anyone else other than the student (i.e. parent, spouse, relative, or friend). If you have further questions after receiving your residency review response email you may email your questions or schedule an appointment to speak with the Residency Specialist.

### ***What if my Residency Reclassification Petition is denied?***

If your Residency Reclassification Petition is denied you may appeal the decision within 30 calendar days from receipt of the denial email notification and provide recommended documentation.

### ***When do I need to pay my registration fees?***

Fees are due at the time of registration. After 60 days a hold will be placed on your record preventing future registration and/or requests for academic records. \* **IMPORTANT**\* Once courses begin you are liable for payment of fees for all courses for which you remain enrolled whether or not you attend the course. To avoid fee charges, courses must be dropped before the refund deadline date (See the Registration Calendar online [www.deltacollege.edu](http://www.deltacollege.edu)).

**Still have questions?**

**Email your inquiries to: [residency@deltacollege.edu](mailto:residency@deltacollege.edu)**

# Residency Reclassification Petition

For Office Use

To be completed by student:

Reclassification requested term:  Fall  Spring  Summer Year: \_\_\_\_\_

Delta Student ID: 98 - \_\_\_\_\_ - \_\_\_\_\_  
 Last Name First Name Middle

Physical Address City State Zip

Student Email Username: \_\_\_\_\_ (Example: msmith123) Date of Birth Age

- What is your legal status within the U.S.?
  - U.S. Citizen
  - Permanent Resident A# \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Asylee/Refugee
  - Other Visa Type: \_\_\_\_\_
  - None of the above

Have you applied for a change of status?  Yes  No **If you indicated yes, please submit a copy of your Notice of Action from the USCIS Administration. Documentation of your status is required if any category under the "Eligibility Requirements" is met. Please refer to Section A of the information sheet.**

- Will you be 19 years of age by the first day of the term?  Yes  No

**If YES, answer the questions as they pertain to you.  
 If NO, indicate below with whom you currently live with and then answer questions 3-15 as they pertain to your natural/adopted parent(s) or court appointed legal guardian:**

Full Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_

Indicate relationship to you:  Both Parents  Mother  Father  Legal Guardian  \*Other person

**\*If you indicated "Other" person, please indicate where your natural/adopted parent(s) or court appointed legal guardian currently live:**

Full Name(s) of your natural/adopted parent(s) or court appointed legal guardian \_\_\_\_\_

Address \_\_\_\_\_  
 City State

3. Please indicate the beginning date of your present stay in California	Date: _____
4. What state do you regard as your permanent home?	State: _____
5. What date did you begin living at your current address? _____/_____/_____	
<b>If you have lived at your current address for less than two years, please list prior addresses below:</b>	
Physical Address/City/State _____	Start Date _____ / _____ End Date _____
Physical Address/City/State _____	Start Date _____ / _____ End Date _____
6. Have you registered to vote in another state other than California?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state _____ Year _____
7. Have you petitioned for a divorce in another state other than California?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state _____ Year _____
8. Have you attended an out of state institution as a resident of that state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of institution, state and year(s) attended _____	
9. List the state and year in which your last two STATE income tax returns were filed.	State _____ Year _____ State _____ Year _____

**IF YOU ARE ACTIVE DUTY MILITARY OR DEPENDENT OF ACTIVE DUTY: Complete this section**

<p><b>Please answer question 10 a-c</b></p> <p>10(a). Please check the box that applies to you:</p> <p><input type="checkbox"/> I am an active duty member of the military with current orders showing that I am stationed in California.</p> <p><input type="checkbox"/> I am a dependent of an <i>active duty</i> military person and claimed as an exemption for federal and state income tax purposes by my sponsor.</p>	<p>Please indicate the following:</p> <p>(b). "Home of record" state at time of entry State: _____ <i>(Please attach a copy of stationing orders, military ID and a copy of last year's tax return)</i></p> <p>(c). What state is listed as your legal home on last year's Federal 1040 income tax form? State: _____</p>
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**IF YOU ARE A VETERAN OR A VETERAN DEPENDENT: Complete this section**

<p><b>Please answer question 11 a &amp; b</b></p> <p>11(a). Check the box that applies to you: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p>Veteran's discharge date on DD214 ____/____/____</p> <p>Indicate last duty station and state separated from: Station: _____ State: _____</p> <p>Indicate what state released to on military records? State: _____ <i>(Mailing address after separation 19a on DD214) Please attach a copy of DD214 form</i></p>	<p>(b). If you are currently eligible to use one of the following educational benefits please indicate the which one:</p> <p><input type="checkbox"/> Post 9/11 GI Bill (Chapters 30 or 33)</p> <p><input type="checkbox"/> Montgomery GI Bill-Active Duty</p> <p><input type="checkbox"/> John David Fry Scholarship</p> <p><input type="checkbox"/> I am NOT eligible for any of the above educational benefits.</p>
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12.I intend to establish residency in CA as soon as possible.  Yes  No

**FINANCIAL INDEPENDENCE STATUS: All students must complete this section**

California Education Code 68044 states that financial independence of a non-resident student seeking reclassification shall be included among the factors to be considered in the determination of residency. Please answer all of the following questions.

- Are you between the ages of 18-24 years of age?  Yes  No  
If **YES**, you must attach both your parent's and your state income tax returns for the previous year.  
If **NO**, you must submit your state tax returns for the previous year.
- Will your parent(s) claim you as a dependent exemption for state and federal tax purposes for the current or previous calendar years?  Yes  No
- Have you received or will you receive more than \$750.00 in financial assistance from your parent(s) in the current or three previous calendar years?  Yes  No
- Have you lived or will you live for more than six weeks with your parent(s) during the current or previous three calendar years?  Yes  No

**Failure to provide complete information may result in non-resident classification. Additional documentation may be requested if after review it is deemed necessary.**

**PLEASE CERTIFY BELOW:**

**I hereby certify under penalty of perjury under the laws of the state of California that the statements and documents submitted by me are true and correct. I understand that falsification or withholding pertinent data shall constitute grounds for disciplinary action. I acknowledge that San Joaquin Delta College may request additional documentation if deemed necessary.**

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Result: CA Resident____ Non-Resident____	Exemption Recommended_____	Date____/____/____
Appeal: CA Resident____ Non-Resident____	Exemption Recommended_____	Date____/____/____
<input type="checkbox"/> AB540 <input type="checkbox"/> Active Duty <input type="checkbox"/> Military Veteran <input type="checkbox"/> VACA	<input type="checkbox"/> Granted <input type="checkbox"/> Denied	Date____/____/____