



RUTGERS

RESIDENCY ANALYSIS FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Today's Date _____ First Name _____ Middle or Maiden Name _____ Last Name _____

ADDRESS: _____

City _____ State _____ Zip _____

HOME TEL #: (____) _____ RUTGERS I.D. (RUID) or A #: _____

MOBILE TEL #: (____) _____ EMAIL ADDRESS: _____

STATUS: ____ Undergraduate ____ Graduate AGE: ____ Under 24 ____ 24 and Older

INITIAL DATE OF ADMISSION TO RUTGERS UNIVERSITY: TERM _____ YEAR _____

COLLEGE / GRADUATE SCHOOL IN WHICH ENROLLED: _____ SCHOOL: _____

TERM / YEAR FOR WHICH CHANGE IS REQUESTED (Check One): FALL SPRING SUMMER YEAR: _____

I CLAIM NEW JERSEY RESIDENCY FOR TUITION PURPOSES AS (Please check ALL that apply):

- ____ (A) a GRADUATE OR GRADUATE PROFESSIONAL SCHOOL STUDENT who resides in NEW JERSEY,
____ (B) a student who is FINANCIALLY INDEPENDENT (See Policy Statement II, C),
____ (C) a student who is INDEPENDENT- **Born BEFORE 1/1/2001 (Fall 24, Spring 2025 & Summer 2025 applicants) or 1/1/2002 (Fall 2025, Spring 2026 & Summer 2026 applicants)**

- ____ (D) a student who is INDEPENDENT by virtue of being a VETERAN of the ARMED SERVICES,
____ (E) a DEPENDENT of NEW JERSEY RESIDENT PARENT(S) or U.S. COURT APPOINTED LEGAL GUARDIAN(S),
____ (F) a student who is DEPENDENT upon an out-of-state parent(s) or guardian(s), but who has resided in NEW JERSEY for 12 or more consecutive months prior to initial enrollment at Rutgers University,
____ (G) a SPOUSE / CIVIL UNION PARTNER of a NEW JERSEY RESIDENT.

NOTE: New Jersey domicile and all supporting documentation must be in effect prior to the beginning of the semester for which you are requesting a change in your residency status. File all petitions no later than 60 days after the start of term in which the changed status is sought. Once the Residency Analysis Form (RAF) has been submitted, any additional supporting documentation requested by the University, must be received within 30 days.

PART I: ALL STUDENTS MUST COMPLETE THIS SECTION. PLEASE COMPLETE ALL QUESTIONS WITH FULL RESPONSES

1. First Name _____ Middle or Maiden Name _____ Last Name _____
2. Date of Birth: _____ Birthplace (City, State, Country): _____
3. U.S. Citizen: ____ YES ____ NO If "NO," please state VISA TYPE: _____ or USCIS Registration #: _____
4. _____
(Mother's Name and Current Address, City, State, Country, Zip Code)

(Father's Name and Current Address, City, State, Country, Zip Code)
5. Do you have a sibling attending Rutgers (his/her RUID or A#) : _____
6. Marital or Civil Union Status: ____ Single ____ Married or partner in a Civil Union. If "MARRIED or Partner in a Civil Union," please complete the following:
On (Marriage or Civil Union Date) _____ in (City, State, Country) _____
I married or entered into a Civil Union with (Name of Spouse or Civil Union Partner) _____ and
since (Date) _____, we have been living at: _____.
(Number and Street) (City, State and Zip Code)
At the time of our marriage or Civil Union, my Spouse or Civil Union Partner was a resident of (State) _____.
THEY ARE / ARE NOT attending Rutgers University. If "YES," name under which Spouse or Civil Union Partner is enrolled: _____
_____. Spouse or Civil Union Partner's Student I.D.: _____
Spouse's or Civil Union Partner's School: _____ Spouse or Civil Union Partner is: ____ Undergraduate ____ Graduate

7. Name, Address, City, State and dates of last secondary school(s) you attended:

8. Name, Address, City, State and dates of attendance, and degree(s) conferred for ALL of your POST SECONDARY institutions:

9. All Addresses, Cities, States for the last four years including dates of extended periods of travel, if any:

_____	FROM _____	TO _____	RENT/OWN _____
_____	FROM _____	TO _____	RENT/OWN _____
_____	FROM _____	TO _____	RENT/OWN _____

10. Last out-of-state Address, City, State:

11. Reason(s) for moving to New Jersey and future plans: _____

12. Employment history for the last three years. (Please list most recent Employer FIRST, include Address, City, State):

_____	FROM _____	TO _____
_____	FROM _____	TO _____
_____	FROM _____	TO _____

13. Please list, if any, accounts held at banks or savings institutions (include Bank Name, Full address, City, State, and Type of Account):

14. Please identify how your financial needs (i.e. college, tuition, living expenses, etc.) are being met, and identify who is funding those expenses:

15. For the most recent tax year _____, I appeared as a dependent on the federal or state income tax return of Parent(s)/Guardian(s) Full Name's

_____ whose relationship to me is _____.

16. For the current tax year _____, I WILL APPEAR as a dependent on the federal or state income tax of Parent(s) / Guardian(s) Full Name's

_____ whose relationship to me is _____.

PART IIA - FOR UNDERGRADUATE STUDENTS

DOMICILE DATA - TO BE COMPLETED BY A, B, C or D BELOW - PLEASE ANSWER ALL QUESTIONS WITH FULL RESPONSES:

____ (A) Your **PARENT(S)** or **LEGAL GUARDIAN(S)** (Legal Guardian is defined as a principal appointed by a U.S. Court to act "in loco parentis" for a minor {a person under 18 years of age}) if you are claiming residency as a "**DEPENDENT STUDENT**" or

____ (B) **YOURSELF** if you are claiming residency as an "**INDEPENDENT STUDENT**" or

____ (C) Your **SPOUSE OR CIVIL UNION PARTNER** if you are claiming residency by virtue of "**Marriage to or Civil Union with a NEW JERSEY RESIDENT**" or

____ (D) Yourself, if you are a dependent student with out-of-state parent(s) or guardian(s) and you are claiming residency in New Jersey based on your own residency in New Jersey for 12 or more consecutive months prior to initial enrollment.

17. _____
Name(s) of Self, Parent(s), or Guardian(s) - Include First, Middle / Maiden, and Last Name(s)
18. Relationship to Student: _____
19. My dwelling is: OWNED BY (Give Name(s) and Relationship): _____ (Date of Deed) _____
or LEASED from (Date) _____ to (Date) _____ or RENTED MONTH to MONTH at:

(Number and Street) (County, if New Jersey)

(City, State and Zip Code) (Telephone Number)
20. Address appearing on last April's (list most recent tax year) _____ FEDERAL INCOME TAX Return:

(Number and Street) (City, State, Zip Code)
21. For the last tax year, _____, I / WE FILED / DID NOT FILE a RESIDENT N.J. Personal Income Tax Return. FILED DID NOT FILE
I / WE FILED / DID NOT FILE a NONRESIDENT N.J. Personal Income Tax Return. FILED DID NOT FILE
I / WE FILED STATE INCOME TAX in _____ (List state)
22. I / WE AM / ARE REGISTERED to vote in (Enter applicable state and registration date): _____
23. I / WE DO / DO NOT hold a valid driver's license. If "YES," please indicate: State(s) _____ Date of Issue _____
Person #1: Last Renewed _____ Expiration Date _____ Person #2: Last Renewed _____ Expiration Date _____
24. I / WE DO / DO NOT own or lease a motor vehicle(s). If "YES," please indicate: State(s) in which Vehicle(s) is/are Registered _____
Car: State/Date of Issue _____ Last Renewed _____ Expiration Date _____
25. I / WE DO / DO NOT use a motor vehicle owned by another person. If you do use a vehicle, please indicate the state where vehicle is
registered _____ Is the vehicle registered on campus?: _____ Yes _____ No Your Relationship to the Owner _____
26. I / WE have previously been licensed to drive in the state(s) of: _____

PART IIIA - FOR UNDERGRADUATE STUDENTS: TO BE COMPLETED BY PERSON(S) COMPLETING PART II (IF OTHER THAN STUDENT):

- 27-A. Person #1: U.S. citizen: _____ YES _____ NO; If "NO" please state: Visa Type _____ or Green Card # _____
27-B. Person #2: U.S. citizen: _____ YES _____ NO; If "NO" please state: Visa Type _____ or Green Card # _____
28. List ALL Addresses, Cities, States for the last three years (starting with most recent address) including dates of extended periods of travel, if any:

FROM _____ TO _____ RENT/OWN _____

FROM _____ TO _____ RENT/OWN _____

FROM _____ TO _____ RENT/OWN _____
29. Reason(s) for moving to New Jersey & future plans: _____

30. Employment history for the last three years. (Please list most recent employer first, include Address, City, State):

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____
31. Please list accounts held at New Jersey banks or savings institutions: Bank or Savings Institution
Address, City, State Type of Account

PART IIB - FOR GRADUATE STUDENTS**Domicile DATA - To Be COMPLETED BY A or B Below - PLEASE ANSWER WITH FULL RESPONSES.**

- ____ (A) YOURSELF if you are claiming residency as an "INDEPENDENT STUDENT" or
____ (B) Your SPOUSE or CIVIL UNION PARTNER if you are claiming residency by virtue of "Marriage to or Civil Union with a NEW JERSEY RESIDENT"

17. _____
Name of Person Identified in A or B above
18. Relationship to Student _____
19. My dwelling is: OWNED BY: Give Name(s) and Relationship: _____ (Date of Deed) _____
or LEASED from (Date) _____ to (Date) _____ or RENTED MONTH to MONTH at:

(Number and Street) (County, if New Jersey)

(City, State and Zip Code) (Telephone Number)
20. Address appearing on last April's (list most recent tax year) _____ FEDERAL INCOME TAX Return

(Number and Street) (City, State, Zip Code)
21. For the last tax year _____, **I Filed / Did not File** a RESIDENT N. J. Personal Income Tax Return Filed Did not File
I Filed / Did not File a NONRESIDENT N.J. Personal Income Tax Return Filed Did not File
I Filed STATE INCOME TAX in _____ (List state)
22. **I DO / DO NOT** vote in (Enter applicable state and date of registration): _____
23. **I DO / DO NOT** hold a valid driver's license. If "YES," please indicate: State(s) _____ Date of Issue _____
24. **I DO / DO NOT** own or lease a motor vehicle(s). If "YES," please indicate State(s) in which Registered _____.
State/Date of Issue _____ Last Renewed _____ Expiration Date _____
25. **I DO / DO NOT** use a motor vehicle owned by another person.
If you do use a vehicle, please indicate the state where vehicle is registered _____
Your Relationship to the Owner _____
26. I have previously been licensed to drive in the state(s) of: _____

PART IIIB – FOR GRADUATE STUDENTS TO BE COMPLETED BY PERSON(S) COMPLETING PART II (IF OTHER THAN STUDENT)

27. U.S. citizen: ____ YES ____ NO. If "NO" please state: Visa Type _____ or Green Card # _____
28. List ALL Addresses, Cities, States for the last three years (starting with most recent address) including dates of extended periods of travel, if any:

FROM _____ TO _____ RENT/OWN _____

FROM _____ TO _____ RENT/OWN _____

FROM _____ TO _____ RENT/OWN _____
29. Reason(s) for moving to New Jersey & future plans: _____

30. Employment history for the last three years. Please list most recent employer first, include Address, City, State.

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____
31. Please list accounts held at New Jersey banks or savings institutions:
Bank or Savings Institution Address, City, State Type of Account

PART IV – VALIDATION

STUDENTS MUST SIGN THE STATEMENTS BELOW and obtain applicable signatures of PARENT(S), LEGAL GUARDIAN(S), or SPOUSE/CIVIL UNION PARTNER. ANY FALSE STATEMENT or withholding of pertinent information is a separable offense under the Code of Student Conduct.

(A) STATEMENT BY SPOUSE or CIVIL UNION PARTNER (if applicable): The information provided herein is true to the best of my knowledge and belief.

Signature of Spouse _____ Date _____

(B) STATEMENT BY PARENT(S) OR LEGAL GUARDIAN(S) SUPPORTING THE DEPENDENT UNDERGRADUATE APPLICANT:

I / WE have contributed the following support to the applicant - List all support for prior year, current year, and for the next academic year:

Year: Amount or Nature of Support:

Did you, or will you claim the applicant as a dependent on your federal or state income tax return?

YES NO

YES NO

YES NO

The information **I / WE** have provided herein is true and complete to the best of **MY / OUR** knowledge and belief.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

ANY CHANGE IN RESIDENCY STATUS MAY IMPACT THE STUDENT'S FINANCIAL AID PACKAGING

(C) STUDENT'S DISCLAIMER STATEMENT: I have read both the Rutgers University Policy Statement on Student Residency for Tuition Purposes and the Residency Analysis Instruction Page.

Signature of Student _____ Date _____

(D) NOTARIZED STATEMENT BY STUDENT: I affirm that the information provided by me herein is true and complete to the best of my knowledge and belief. I understand that providing false information to the University is a separable offense under the Code of Student Conduct.

Signature of Student _____ Date _____

(E) NOTARY SEAL and SIGNATURE of NOTARY:

Signature of Notary _____ Date _____

BE CERTAIN PRIMARY and SECONDARY DOCUMENTATION ACCOMPANIES THIS FORM, (SEE INSTRUCTIONS)

Revised 04/09/2024

FAILURE TO PROVIDE ANSWERS TO EACH AND EVERY QUESTION IN THIS RESIDENCY ANALYSIS FORM (RAF) MAY RESULT IN THE UNIVERSITY'S INABILITY TO RULE ON THIS APPLICATION.



(6/23)

Request for Transcript of Individual Income Tax Returns (Form DCC-1)

Use this form if you are an individual who is requesting a full transcript, as originally reported, of any New Jersey Individual Income Tax return (NJ-1040, 1040NR, 1041) or to request the gross income amount or filing status entered on a New Jersey Resident Return (NJ-1040).

You **must include** a copy of your (and if married filing jointly, your spouse's) **government-issued identification** with the completed form.

Business Transcripts. Do not use this form for business returns. Any return filed through one of the Division's online filing and payment services can be obtained by logging on with your business identification number and [assigned PIN](#). If you file your returns using third-party software or a tax preparer, contact the software provider or preparer for assistance.

Name and Address as Shown on the Tax Return			
Full Name:		SSN or ITIN:	
Spouse's Name:		SSN or ITIN:	
Street Address:			
City:		State:	ZIP Code:
Daytime Phone Number:		Email Address:	

Current Address if Different From Above		
Street Address:		Apartment/Unit#:
City:	State:	ZIP Code:

Request Type	Tax Year (s)
Full Transcript (Form NJ-1040, NJ-1040NR)	
Full Fiduciary Transcript (Form NJ-1041)	
Gross Income Figure or Filing Status (from Form NJ-1040 only)	

Signature:	Date:
If you are an authorized representative of the taxpayer, you must include a copy of your client's government-issued ID and a completed and signed Form M-5008-R, Appointment of Taxpayer Representative .	

By Mail: New Jersey Division of Taxation Document Control Center PO Box 269 Trenton, NJ 08695-0269 Once we receive your request, we will respond by mail within 30 business days.	In-Person: Bring the completed form(s) and your government-issued photo ID to one of our three open offices to receive the information the same day: <ul style="list-style-type: none">Fair Lawn (North) 22-08 Rt. 208 SouthTrenton (Central) 3 John Fitch WayGalloway (South) 157 W Whitehorse Pike
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We will **not process** this form if you **do not include** a copy of your **government-issued identification** with your request.