RUTGERS

RESIDENCY ANALYSIS FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Today's Date: _____ First Name: _____

Middle or Maiden Name: _____ Last Name: _____

RUID: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Degree Level: ◯ Undergraduate ◯ Graduate Age: ◯ Under 24 ◯ 24 and Older

Initial date of admission to Rutgers University: ◯ Fall ◯ Spring ◯ Summer Year: _____

Enrolled Campus: _____ Enrolled School: _____

Term for which change is requested: ◯ Fall ◯ Spring ◯ Summer Year: _____

I claim New Jersey residency for tuition purposes as (Check all that apply):

- ☐ A Graduate or Professional School student who resides in New Jersey
- ☐ A student who is financially independent (See Policy Statement II.C.)
- ☐ A student who is independent - Born before 1/1/2002 (fall 2025, spring 2026, and summer 2026 applicants) or 1/1/2003 (fall 2026, spring 2027, and summer 2027 applicants)
- ☐ A student who is independent by virtue of being a veteran of the armed services
- ☐ A dependent of New Jersey resident parent(s) or U.S. court appointed legal guardian(s)
- ☐ 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
- ☐ A spouse/civil union partner of a New Jersey resident

Note: New Jersey domicile and all supporting documentation must being 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 Number: _____
4. Mother's Name: _____

   Mother's Current Address (City, State, ZIP, Country): _____

   Father's Name: _____

   Father's Current Address (City, State, ZIP, Country): _____
5. If you have sibling(s) attending Rutgers, provide their RUID(s) or A Number(s): _____
6. Marital or Civil Union Status: ◯ Single ◯ Married or parner 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 (Street Address) _____

(City, State, ZIP) _____.

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

RUID: _____. Spouse's or Civil Union Partner's School: _____.

Spouse or Civil Union Partner is a(n) ◯ Undergraduate ◯ Graduate student.

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

_____ From: _____ To: _____ Rent/Own: Own

_____ From: _____ To: _____ Rent/Own: Own

_____ From: _____ To: _____ Rent/Own: Own

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

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

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

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

15. For the most recent tax year, 2025, I appeared as a dependent on the federal or state income tax return of my Parent(s)/Guardian(s) (Full Name(s)) _____ whose relationship to me is _____

16. For the most recent tax year, 2025, I will appear as a dependent on the federal or state income tax return of my 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 (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 (Name) _____ who is (Relationship) _____.
    It has been owned since (Date of Deed) _____ or Leased (Dates) from _____ to _____
    or Rented (Dates) from _____ to _____ at (Street Address) _____
    (County, if NJ) _____ (City, State, ZIP) _____ (Telephone Number) _____.

20. Address appearing on April 2025's federal income tax return: _____

21. For 2025:
    I/We ◯ Filed ◯ Did not File an NJ Resident Personal Income Tax Return.
    I/We ◯ Filed ◯ Did not File an NJ Nonresident Personal Income Tax Return.
    I/We ◯ Filed ◯ Did not File a(n) (State) _____ State Income Tax Return.

22. I/We Am/Are Registered to Vote in (State) _____ as of (Registration Date) _____

23. I/We ◯ Do ◯ Do Not hold a valid driver's license. If ***Yes***, please indicate - State: _____ Date Issued: _____
    Person 1 Date Last Renewed: _____ Expiration Date: _____
    Person 2 Date Last Renewed: _____ Expiration Date: _____

24. I/We ◯ Do ◯ Do Not own or lease a motor vehicle(s). If ***Yes***, please indicate the State(s) and Date(s) of Registration.
    Car 1 Registered State: _____ Date Last Renewed: _____ Expiration Date: _____
    Car 2 Registered State: _____ Date Last Renewed: _____ Expiration Date: _____

25. I/We ◯ Do ◯ Do Not use a motor vehicle owned by another person. If ***Yes***, please indicate:
    The state in which the vehicle is registered: _____
    Is the car registered on campus? ◯ Yes ◯ No
    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. Person 1: U.S. Citizen? ◯ Yes ◯ No If ***No***, please state Visa Type: _____ or Green Card Number: _____
    Person 2: U.S. Citizen? ◯ Yes ◯ No If ***No***, please state Visa Type: _____ or Green Card Number: _____

28. List all Addresses, Cities, States for the last three years (starting with the most recent) including dates of extended travel, if any:
    _____ From: _____ To: _____ Rent/Own: Own
    _____ From: _____ To: _____ Rent/Own: Own
    _____ From: _____ To: _____ Rent/Own: Own

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

30. Employment history for the last three years. (Please list most recent Employer first, include Street Address, City, State):
    _____ From: _____ To: _____
    _____ From: _____ To: _____
    _____ From: _____ To: _____

31. Please list, if any, accounts held at banks or savings institutions (Bank Name, Street Address, City, State, and Type of Account):
    _____
    _____
    _____

Part IIB - For Graduate Students

Domicile Data - To be completed by A or B below - Please answer all questions 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 identied in A or B above - Include First, Middle/Maiden, and Last Name(s):

    _____

18. Relationship to Student: _____

19. My dwelling is owned by (Name) _____ who is (Relationship) _____.
    It has been owned since (Date of Deed) _____ or Leased (Dates) from _____ to _____
    or Rented (Dates) from _____ to _____ at (Street Address) _____
    (County, if NJ) _____ (City, State, ZIP) _____ (Telephone Number) _____.

20. Address appearing on April 2025's federal income tax return: _____

21. For 2025:
    I ◯ Filed ◯ Did not File an NJ Resident Personal Income Tax Return.
    I ◯ Filed ◯ Did not File an NJ Nonresident Personal Income Tax Return.
    I ◯ Filed ◯ Did not File a(n) (State) _____ State Income Tax Return.

22. I Am Registered to Vote in (State) _____ as of (Registration Date) _____

23. I ◯ Do ◯ Do Not hold a valid driver's license. If ***Yes***, please indicate - State: _____ Date Issued: _____

24. I ◯ Do ◯ Do Not own or lease a motor vehicle(s). If ***Yes***, please indicate the State(s) and Date(s) of Registration.
    Car 1 Registered State: _____ Date Last Renewed: _____ Expiration Date: _____
    Car 2 Registered State: _____ Date Last Renewed: _____ Expiration Date: _____

25. I ◯ Do ◯ Do Not use a motor vehicle owned by another person. If Yes, please indicate:
    The state in which the vehicle is registered: _____
    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 Number: _____

28. List all Addresses, Cities, States for the last three years (starting with the most recent) including dates of extended travel, if any:

_____ From: _____ To: _____ Rent/Own: Own

_____ From: _____ To: _____ Rent/Own: Own

_____ From: _____ To: _____ Rent/Own: Own

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

_____

_____

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

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

31. Please list, if any, accounts held at banks or savings institutions (Bank Name, Street Address, City, State, and 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 the prior year, current year, and next academic year:

Year:	Amount or Nature of Support:	Did you, or will you, claim the applicant on your federal or state 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: _____

Note: Any change in resisdency 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: _____

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 the term in which the change 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.

E. Notary Seal and Signature of Notary:

Signature of Notary: _____ Date: _____

Be certain both primary and secondary documentation accompanies this form. See instructions for more information.

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.

Revised 09/10/2026

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

(2/26)

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), to request the gross income amount or filing status entered on a New Jersey Resident Return (NJ -1040), or request a copy of a filed Property Tax Relief application.

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**)	
Property Tax Relief Application	

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.

How to Send Your Request	
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 for full transcripts; or • For Gross Income and filing status requests, allow up to two weeks to receive a letter by mail.	**In-Person:** Bring the completed form(s) and your government-issued photo ID to one of our offices to receive the information the same day: • Cranford: 6 Commerce Drive, 3rd floor, Suite 300 • Fair Lawn: 22-08 Rt. 208 South • Freehold: 2 Paragon Way, Suite 1100 • Galloway: 157 W Whitehorse Pike • Trenton: 3 John Fitch Way

We will not process this form if you do not include a copy of your government-issued identification with your request.