

**MCLA**  
**Verification of Residency Form**

Student Name \_\_\_\_\_

A \_\_\_\_\_  
MCLA ID#

Your Free Application for Federal Student Aid (FAFSA) contained incomplete or inconsistent information concerning your state of legal residence. As a result, you must complete the following information to be considered for state financial aid funds.

**Please complete the highlighted sections:**

**Student:**

- a. What is your state of legal residence: \_\_\_\_\_
- b. Did you become a legal resident of this state  
before January 1, 2007 \_\_\_\_\_
- c. If the answer to b. is “**NO**”, give the month and year  
you became a legal resident. \_\_\_\_\_

**Parent:**

- a. What is your state of legal residence: \_\_\_\_\_
- b. Did you become a legal resident of this state  
before January 1, 2007 \_\_\_\_\_
- c. If the answer to b. is “**NO**”, please give the month and  
Year you became a legal resident. \_\_\_\_\_

By signing this form, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your state income tax forms for the current and/or previous tax year. If you purposely give false or misleading information, you may be fined, sent to prison or both.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/ Stepmother  
(Dependent Student Only)

\_\_\_\_\_  
Father/Stepfather  
(Dependent Student Only)

**Please Return Form To:**  
**MCLA, Financial Aid Office**  
**375 Church Street**  
**North Adams, MA 01247**  
**Fax: 413-662-5105**