

# Declaration of Residency

Complete the residency information below and provide documents from **Category 1 AND Category 2** to prove your residency status.

**ALL documents must be dated and must contain your name and permanent address establishing your permanent residence for three consecutive months prior to submission of the Nursing application. The address on these documents must agree with the permanent address on your application form or the previous addresses you have listed below. If you have a PO Box and/or rent form parents or relatives, you must get the document notarized.**

Category 1	Category 2
<ul style="list-style-type: none"><li>• Pick one document type from the list below</li><li>• Provide 3 copies of that document – one for each of the three months prior to the date you apply</li></ul> <p>Example: If you apply in February, you must provide copies of the document for November, December, and January.</p>	<ul style="list-style-type: none"><li>• One copy of any of the documents listed below for a total of one document for this category</li></ul>
Rent or Mortgage receipts with your resident address and dates of occupancy (rental agreements are not acceptable)	Oregon or California Driver's License
Utility statements (water, power, home phone, cell phone) showing resident address	Oregon or California Vehicle Registration with your residential address
Local bank account statements showing resident address	State issued ID
Credit Card statements showing resident address	Oregon or California Voter Registration
Documents proving you own Oregon or California property and that this property is your primary residence	Valid Oregon or California Hunting/Fishing license

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list all addresses you have lived at for the time period involved.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List the type of document you are submitting for each category to verify your permanent address.

Category 1: \_\_\_\_\_ 1 Copy per Month:  Month 1  Month 2  Month 3  
Category 2: \_\_\_\_\_ 1 Copy

I understand that falsification of any of the above information will jeopardize my application and/or admission to the nursing program. I certify by my signature that the above information is a true and accurate statement of my residency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_