

STATE OF WISCONSIN
HIGHER EDUCATIONAL AIDS BOARD

RESIDENCY DETERMINATION FORM

Please return this completed form to:
Higher Educational Aids Board
P.O. Box 7885
Madison, WI 53707-7885

Please attach the following documents to the Residency Determination Form:

- The most recent State and Federal Income Tax returns including W-2 forms.
- If you are not a U.S. citizen, please provide citizenship related documentation e.g. a copy of your Permanent Residency Card.

Please indicate the names of the colleges / universities you would like the results of your Wisconsin residency determination to be sent to:

Student Data

Social Security Num	Name: Last	First	M.I.	Male	Female	Single	Married
				Current Telephone Number ()		Birth Date: (Month / Day / Year)	
Permanent Home Adc	Street	City	State	Zip Code	From: (Month / Year) To: (Month / Year)		
Previous Permanent Ad	Street	City	State	Zip Code	State		

List periods of full-time employment and part-time employment, starting with the most current.

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

Employer _____ City _____ State _____ Hours per week: _____ From: _____ To: _____
 Month / Year Month / Year

ATTACH ADDITIONAL SHEET IF SPACE PROVIDED IS INADEQUATE

Have you filed an income tax return with the Wisconsin Department of Revenue? yes no

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