



North Hennepin
Community College

Financial Aid Office
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Brooklyn Park, MN 55445-2299
Tel: 763-424-0728 Fax: 763-493-0589
faid@nhcc.edu
www.nhcc.edu/financialaid

Residency Questionnaire 2016-2017

Last Name: _____ First Name: _____ Student ID: _____

Address (street, city, state, zip): _____

Email: _____ Phone: _____

The information on this form is used to determine eligibility for MN State aid. Return the form to the Financial Aid Office.

1. Have you lived continuously in MN since birth? Yes No
2. Dependent students only: Did your parents live in MN on the date the FAFSA was completed? Yes No
3. Will you receive tuition reciprocity benefits from a neighboring state? Yes No
4. High school diploma or GED completed: _____ (month/year) _____ State or Country
 - MN high school graduates only: Were you an on-line student living in another state? Yes No
 - GED students only: Did you reside in MN for one year prior to completing your GED? Yes No

***If you answered yes to question #1 or #2, you do not have to complete questions #5 - #8.**

5. Provide residence information from birth to the present.

State or Foreign Country	Beginning Month/Year	Ending Month/Year	Reason for Residing (examples: birth/live with parents; moved with parents; moved for college, job, military service, etc.)

6. Have you lived in MN at least 12 months without enrolling in 6 or more college credits? Yes No
7. Were you relocated directly to MN with an official refugee status? Yes No
 - Refugee only: Have you lived in Minnesota continuously since arriving as a refugee? Yes No
8. Are you a member/spouse/dependent of U.S. armed forces stationed in MN for **active** federal duty? Yes No

I certify that the information provided is correct. I understand that purposely providing false or misleading information may result in financial aid and/or college suspension, fines and/or imprisonment.

Signature: _____ Date: _____