

Fall 2024 Declaration of Residency

CCC ID ______ Name_____

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 your application form or the previous addresses you application form or the previous addresses you have listed below. If you have a PO Box and/or rent from parents or relatives, you must get the documentation notarized. https://www.notarize.com/local/counties/clatsop_oregon-Pick one document type from the list below. Provide 3 copies of that document - one for each of the three months prior to the date you apply. Example: If you apply in February, you must provide copies of the document for November, December & January. Rent or Mortgage receipts with your resident address and dates of occupancy (rental agreements are not acceptable). Utility statements (water, power, home phone, cell phone) showing resident address. Local bank account statements showing resident address of concuments proving you own Oregon or Washington property and that this property is your primary residence 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 for each 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.		v, check the box that applies to y box, you must complete the othe			page.	
Information below and provide documents from Category 1 AND Category 2 to prove your residency status. CATEGORY 1 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 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 from parents or relatives, you must get the documentation notarize. On this prior to the date you apply. Example: If you apply in February, you must provide copies of the document for November, December & January. Rent or Mortgage receipts with your resident address and dates of occupancy (rental agreements are not acceptable). Uillity statements (water, power, home phone, cell phone) showing resident address. Coredic and statements showing resident address Credit card statements year or weakington property and that this property is your primary residence Name Phone Please list all addresses you have lived at for the time period involved. Street City State Zip State Zip Toopy for each month Month 1 Month 2 Month 3 Category 2 1 copy Lunderstand 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.	I am submitting a trar I graduated from a CI	script from Tillamook Bay Communit atsop, Tillamook, Columbia (OR); Pa	y College. cific, or Wahkiakum (WA) County High Scl	h ool in 2021,2022	
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 your application form or the previous addresses you application form or the previous addresses you have a PO Box and/or rent from parents or relatives, you must get the documentation notarized. https://www.notarize.com/local/counties/clatsop_oregon						
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dates of occupancy (rental agreements are not acceptable). Oregon or Washington Vehicle Registration with your resident showing resident address. Local bank account statements showing resident address State issued ID Credit card statements showing resident address Oregon or Washington Voter Registration. Documents proving you own Oregon or Washington property and that this property is your primary residence Valid Oregon or Washington Hunting/Fishing license. Name Phone Please list all addresses you have lived at for the time period involved. Street City State Zip List the type of document you are submitting for each category to verify your permanent address. Category 1 1 copy for each 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.	the document for November, December & January.		Orogon or Washingto	on Drivor's Liconso		
Utility statements (water, power, home phone, cell phone) showing resident address. Local bank account statements showing resident address Credit card statements showing resident address Valid Oregon or Washington Voter Registration. Oregon or Washington Voter Registration or Address. Category 1 Phone Phone Phone Please list all addresses you have lived at for the time period involved. State Zip State Zip List the type of document you are submitting for each category to verify your permanent address. Category 1 1 copy for each 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.			Oregon or washingto	on Driver's Licerise		
Local bank account statements showing resident address Credit card statements showing resident address Documents proving you own Oregon or Washington property and that this property is your primary residence 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 for each 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.	Utility statements (water, power, home phone, cell phone)		Oregon or Washington Vehicle Registration with your resident address.			
Documents proving you own Oregon or Washington property and that this property is your primary residence Name	Local bank account statements showing resident address					
Name						
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 for each 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.			Valid Oregon or Was	hington Hunting/Fishin	g license.	
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List the type of document you are submitting for each category to verify your permanent address. Category 1 1 copy for each month	Street	City	State		Zip	
Category 1	Street	City	State		Zip	
Category 2	List the type of docum	ent you are submitting for each cat	egory to verify your p	ermanent address.		
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.	Category 1	1 copy for each month	Month 1	Month 2	Month 3	
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.	Category 2	1 c	nnv			
the nursing program. I certify by my signature that the above information is a true and accurate statement of my residency.		1 0	~~)			
SignatureDate	the nursing program.					
	Signature		Date			