



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC25MRF

2025/2026

MASSACHUSETTS RESIDENCY VERIFICATION FORM (for State funds)

You have received this form because there is a discrepancy or missing information on your FASFA concerning your state of legal residency. **In addition to completing this form you must contact the Office of Student Financial Assistance at 617-391-6070 and provide them with the necessary documentation they may require.** We cannot consider you for State funds unless you comply.

Student

What is your State of legal residence? _____

Did you become a legal resident of this state before January 1, 2024?

Yes No

If the answer to the above question is "No" give the month and year you became a legal resident:

_____.

Parent

What is your parents' state of legal residence? _____

Did your parents become legal residents of this state before January 1, 2024?

Yes No

If the answer to the above question is "No" give month and year legal residency began for the parent who has lived in the state the longest: _____.

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____

SIGNATURE (parent) _____ DATE: _____