Student Affidavit

State of __________________________________________________________________________________________

County of __________________________________________________________________________________________

I,______________________________________, do declare that, if called as a witness I could competently testify as follows:

A. I have resided in the state of California since___________________________________

B. Calendar year of___________ was the last year I was claimed as an exemption by my parents for federal and state income tax purposes and I will not be claimed by my parents in calendar year of _________ for income tax purposes.

C. Calendar year of___________ was the last year I lived in the home of my parents for more than six weeks and I will not live in their home for more than six weeks in calendar year of____________________.

1. Are your parents California residents? Yes ☐ No ☐

If your parents are divorced or separated, indicate residence of each parent:

Mother - State/ County            Father - State/County

2. Did you or will you live with your parents for more than six weeks in:

<table>
<thead>
<tr>
<th>This calendar year</th>
<th>Next calendar year</th>
<th>Last calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>No ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

3. Did you or will you receive financial assistance from your parents in:

<table>
<thead>
<tr>
<th>This calendar year</th>
<th>Next calendar year</th>
<th>Last calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>No ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

4. Did your parents or will your parents claim you as an exemption on their state and federal income tax return in:

<table>
<thead>
<tr>
<th>This calendar year</th>
<th>Next calendar year</th>
<th>Last calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>No ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

4. Source of your financial support in:

   This calendar year ________________________________________________

   Next calendar year ______________________________________________

   Last calendar year ______________________________________________

Signature_________________________________________Date____________