

APPLICATION FOR A CERTIFICATE OF RESIDENCE
FOR
ATTENDING HARRISBURG AREA COMMUNITY COLLEGE

HACC ID # _____ Social Security # _____

School Year: _____ Semester (check one): Summer _____ Fall _____ Spring _____

Birthdate: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____ City: _____ Zip: _____

Phone: _____

Approximately how long have you lived at the current address? _____

If less than one year, when did you move? _____

Month Day Year

Previous Address: _____ City: _____ Zip: _____

How long did you live at this previous address? _____

Check one: Employed _____ Unemployed _____

Employer _____

Address of Employer: _____ City: _____ Zip: _____

Last year Harrisburg Certificate of Residency received: _____

Never had a Harrisburg Certificate of Residency: _____

I understand the above information will be shared with the CAPITAL AREA TAX COLLECTION BUREAU-CENSUS DEPT. and/or with KEYSTONE COLLECTIONS GROUP.

All certificates are mailed to the current address listed above.

FOR OFFICE USE ONLY

Census Accepted: _____ Census Rejected: _____

Date Certificate Mailed: _____ Date of Rejection Notification: _____

Date of Application: _____