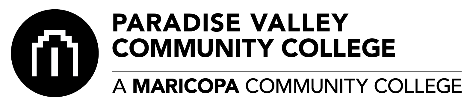
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**MCCCD DOMICILE AFFIDAVIT**

**Independent Student**

The purpose of this domicile affidavit is to provide information in regarding to the domicile of the person listed below. Domicile means a person’s true, fixed, and permanent home and place of habitation.

Residency for tuition purposes is determined in accordance with state law (A.R.S. §15-1801 et. Sec.) and regulations of the Maricopa Community Colleges Governing Board. All of the Maricopa Community Colleges are subject to the above statutes and regulations. Students who have questions about their residence should contact the Office of Admissions and Records Office/Office of Student Enrollment Services for clarification.

The responsibility of registration under the proper residency classification is placed upon the student. Any student who is found to be classified improperly shall be required to pay full out-of-state tuition. In determining a student’s classification, the college may consider all evidence presented by the student, written or oral, or any other information received from any source which is relevant to determining classification.

If you are under the age of 24 and a dependent of one or more parent for federal income tax purposes, please refer to the Residency Guidelines and complete the Dependent Domicile Affidavit. Students who have questions about their residency should contact the Office of Admissions and Records Office/Office of Student Enrollment Services for clarification. All questions should be read carefully before answering.

Independent students need to:

1. Complete the Domicile Affidavit (reverse side).
2. Provide proof that you have physically resided in Arizona for **one year prior to the start date of the semester** for which you are applying for in-state residency.
3. Provide proof that you have taken steps to establish domicile (reverse side) in Arizona.

A combination of the following may be used to determine domicile in Arizona:

|  |  |
| --- | --- |
| * Arizona income tax return | * Arizona voter registration |
| * Arizona motor vehicle registration | * Arizona driver’s license |
| * Employment history in Arizona | * Dependency as indicated on federal income tax return |
| * Source of financial support in Arizona | * Notarized statement of landlord and/or employer |
| * Ownership of real property\* | * Change of permanent address on all pertinent records |
| * Transfer of major banking services to Arizona | * Place of recent graduation from high school |

\*Ownership of property or payment of taxes within a state is not necessarily the sole basis for determining residency.

NOTE: Some visa types are not eligible for in-state residency. Contact Admissions and Records Office/Office of Student Enrollment Services for clarification.

**All documentation must be submitted to the Admissions and Records Office/Office of Student Enrollment Services.**

**FOR OFFICE USE ONLY**

**Approved Denied**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of College Official

**MCCCD Domicile Affidavit – Independent Student**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student

Last First Middle ID #:

Legal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street City State Zip

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different) Street City State Zip

Phone Email

Number: (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship

Status

(check one)



Most recent state/country of residence **PRIOR** to moving to Arizona?

\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

mm dd yyyy

Date present stay in Arizona began:

In what Arizona county do you reside?

If Maricopa, what date did you move to Maricopa County?

Are you registered to vote in Arizona? Yes No County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Registered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

mm dd yyyy

Current driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

mm dd yyyy

Vehicle license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State registered: \_\_\_\_\_\_\_\_\_\_\_\_ Date issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

mm dd yyyy

Are you currently a member or a dependent of a member of the US Armed Forces stationed in Arizona pursuant to military orders? Yes No

Are you recently discharged or a dependent of someone who was recently discharged from the US Armed Forces and your home of record at the time of discharge was Arizona? Yes No

What are your present sources of income? Self-supporting (self/spouse) Parent/guardian

If parent/guardian, what is their State of residency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you file state income tax during the past **two** years? Yes No

If yes: Tax Year 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Year 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers for the past two years:

|  |  |
| --- | --- |
| Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_  Mm dd yyyy | Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_  Mm dd yyyy |

Did your employer require you, your spouse, or parent be transferred to Arizona for employment purposes? Yes No

If yes, name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of an American Indian tribe whose reservation land lies in Arizona and extends to another state? Yes No

If yes: Name of Tribe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Census# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| If you have been attending another college or university, please list the institution and the dates attended: | Institution:  Dates of attendance: | Did you pay “resident” or “non-resident” tuition? |

I certify that I meet the conditions stated above. I understand that falsification of information is a violation of the Student Disciplinary Code (AR § 2.5.2), and I may be subject to disciplinary sanctions and the assessment of out-of-state tuition for the period of time for which the domicile requirements were not fulfilled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

Revised May 14, 2013