

DOMICILE AFFIDAVIT Independent Student

Please Check One: CGCC EMCC GWCC GCC MCC PVCC PC Rio SCC SMCC

The following affidavit requires domicile information for the person listed below. Domicile refers to a place of habitation as a person's true, fixed, or permanent home

Domicile status can be determined only by a statement of facts by the student. 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.

1. 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.
2. Provide proof that you have taken steps to establish domicile in Arizona. A combination of the following may be used to determine domicile in Arizona:

<input type="checkbox"/> Arizona income tax return <input type="checkbox"/> Arizona voter registration <input type="checkbox"/> Arizona motor vehicle registration <input type="checkbox"/> Arizona driver's license <input type="checkbox"/> Current employment history in Arizona <input type="checkbox"/> Change of permanent residency address on all pertinent records	<input type="checkbox"/> Dependency as indicated on federal income tax return <input type="checkbox"/> Notarized statement of landlord and/or employer <input type="checkbox"/> Ownership of real property* <input type="checkbox"/> Source of financial support in Arizona <input type="checkbox"/> Transfer of major banking services to Arizona
--	--

*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.

Student Name: _____ Student ID #: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Name of Parent(s)/Legal Guardian/Spouse: _____

Attach copies of all supporting documents and submit them along with this affidavit to the Admissions and Records Office/Office of Student Enrollment Services office.

For Office Use Only

___ Approved ___ Denied

Signature of College Official _____ Date _____

MCCCD Domicile Affidavit – Independent Student

Name: _____ Student ID #:
Last First Middle ID #:

Legal Address: Street _____ City _____ State _____ Zip _____

Mailing Address: _____
 (if different) Street _____ City _____ State _____ Zip _____

Phone Number: (_____) _____ Email Address: _____

Citizenship Status (check one)	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Refugee	<input type="checkbox"/> Permanent Resident (green card)	<input type="checkbox"/> Other (please specify/copy of I-94 may be required)
Date present stay in Arizona began:	____ / ____ / ____ mm dd yyyy		Most recent state/country of residence PRIOR to moving to Arizona?	
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.
