

## MCCCD DOMICILE AFFIDAVIT Dependent 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. A student whose parent/legal guardian/spouse's domicile is in this state and the parent/legal guardian/spouse is entitled to claim the person as an exemption for state and federal tax purposes is eligible for in-state tuition.

Domicile status can be determined only by a statement of facts by the student or parent/legal guardian/spouse. All questions should be read carefully before answering. If you are over the age of 24, you will need to complete and submit the Independent Student Domicile Affidavit to Admissions and Records Office/Office of Student Enrollment Services.

Parent/legal guardian/spouse of students under 24 years of age will need to complete the lower portion and reverse side of this form and submit along with:

1. Copy of federal income tax return (for the most recent tax year) showing the student has been claimed as a dependent (top portion of the first page will suffice).
2. Parent/legal guardian/spouse's proof of domicile in Arizona. A combination of the following may be used in determining parent/legal guardian/spouse's domicile:
  - Arizona income tax return
  - Arizona voter registration
  - Arizona motor vehicle registration
  - Arizona driver's license
  - Current 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 residency address on all pertinent records
  - 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. Contact Admissions and Records Office/Office of Student Enrollment Services for clarification.

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**

\_\_\_\_\_  
 Date
   
 \_\_\_\_\_  
 Signature of College Official

## MCCCD Domicile Affidavit – Dependent Student

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 statues and regulations. Students who have questions about their residency should contact 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, written or oral, presented by the student and any other information received from any source which is relevant to determining classification.

### ALL QUESTIONS BELOW PERTAIN TO THE PARENT/LEGAL GUARDIAN/SPOUSE

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ When did your current residency in Arizona begin? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

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 <b>PRIOR</b> 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

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

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

Employers for the past two years:

Employer: _____	Employer: _____
Place of Employment: _____	Place of Employment: _____
Dates of Employment: _____ / _____ / _____ mm                      dd                      yyyy	Dates of Employment: _____ / _____ / _____ mm                      dd                      yyyy

State(s) where income taxes were filed for the past two years:

Tax year: _____	Tax year: _____
State filed: _____	State filed: _____
Address: _____	Address: _____
Residence listed: _____	Residence listed: _____

Are you in the military service?  Yes  No If yes, where are you stationed? \_\_\_\_\_

Are you a military dependent?  Yes  No If yes, where is your spouse stationed? \_\_\_\_\_

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# \_\_\_\_\_

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 my son or daughter 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.

\_\_\_\_\_  
Parent/Legal Guardian/Spouse’s Signature

\_\_\_\_\_  
Date