

CERTIFICATE OF RESIDENCY/AFFIDAVIT for county of: _____

Idaho code 33-2110 requires that the county you resided in for at least 12 consecutive months prior to being admitted pay part of your tuition (except for Jerome, Twin Falls, Kootenai, Ada and Canyon counties). It is your responsibility to prove legal residency by completing the form below. Some counties may require additional information or have you complete additional forms. **If the county cannot certify your legal residency, you are responsible for paying the county portion of your tuition.** Out of District Tuition is **not** billed for Summer term.

PLEASE COMPLETE ALL ITEMS BELOW

Name: _____ Phone: _____
last first middle

Term: Fall 20__ Spring 20__ Birth Date: _____ SSN: _____ CSI ID#: _____

Current Address: _____
& Street or Location Address City County State Zip

Resident County Address: _____
Physical Address, not Box #

I have lived at the Resident County Address in _____ county from _____ to _____
Mo/Yr Mo/Yr

Name of Property Owner where you live: _____

High School Last Attended: _____ Dates Attended: _____

Parent or Spouse: _____ Phone: _____
Name Address

I hereby make application for tuition assistance to attend the College of Southern Idaho for the term of entry noted above. I certify to the best of my knowledge that all statements I have made in this application are complete and true.

Student's Signature: _____ Date: _____

CHECK ALL THAT APPLY

- I am a registered voter in this county.
- My vehicle is registered in this county – License Plate #: _____
- I have resided in this county for at least 12 consecutive months prior to the start of the college term in which I am enrolling.
- I am a resident of this county, but have been living in another county for less than 1 year and have not established residency outside this county.
- My spouse has resided in this county for at least 12 consecutive months prior to the start of the college term in which I am enrolling.
- I or my spouse am residing in this county on military orders. Attach a copy of those orders.
- I am a dependent of persons residing in this county on military orders. Attach a copy of those orders.

Upon completing the above section contact your county about other required documentation and deliver this form to the CSI Business Office.

_____ **For County Use Only Below this Line** _____

This is to certify that the above named person is a legal resident of the county of _____, State of Idaho, and is eligible for tuition aid from this county for the _____ academic year.

By: _____ Attest: _____ Date: _____
Board of County Commissioners

Upon completion return to: **College of Southern Idaho Business Office PO Box 1238 Twin Falls, ID 83303-1238**