

## Domicile Affidavit – Residency Statement

**INSTRUCTIONS:** If you will be under the age of 19 or claimed as a dependent, at the start of semester, columns “A” and “B” are required. The student fills out column “A” and the parent or legal guardian fills out column “B”. Complete the information in ink, leaving no blanks. Students who do not complete the form or leave information blank may be classified as a non-resident for tuition purposes. Documentation is required as indicated below or when requested by the College.

1. Full Legal Name (Last, First, Middle)		
2. For what term are you seeking classification as a resident?	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	
3. CCC Student ID Number	@_____ or Comet ID: _____	
4. Social Security Number*	_____ - _____ - _____	
5. I choose not to disclose my social security number*	Signature: _____	
6. Home Phone Number	( ) _____ - _____	
7. Birthdate and Age	Month _____ Day _____ Year _____ Age _____	
8. Are you seeking admission under the Western Undergraduate Exchange Program (WUE)? <small>See explanation below.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i><b>(Western Undergraduate Exchange (WUE) Tuition Waiver. Waivers are available for students who live in one of the following states: Alaska, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and U.S. Pacific Territories and Freely Associated States. For more information go to: <a href="http://www.coconino.edu/tuition-pricing">http://www.coconino.edu/tuition-pricing</a> or <a href="http://www.wiche.edu">www.wiche.edu</a>.</b></i>		
<b>Legal guardians must be court appointed for purposes other than gaining in-state tuition and proof of guardianship must be attached.</b>	<b>A Student</b>	<b>B Parent or Guardian</b>
9. Information for Parent or Guardian		Mother: <input type="checkbox"/> or Father: <input type="checkbox"/> or Legal Guardian: <input type="checkbox"/>
10. Full Legal Name		
11. Mailing Address		
12. Permanent Address		
13. What is your source of income (e.g., self, spouse or parent) Are you currently employed in Arizona? If yes, where?	Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____	Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____
14. Have you, or will you have, lived continuously in Arizona for at least 12 consecutive months immediately prior to the term you are seeking classification as a resident? Date Arizona residency began?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
15. Are you a citizen of the United States? a. If no, are you a Permanent Resident Alien card holder? (Provide documentation) b. If no, under what Visa did you enter the United States? (Provide documentation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type: _____

Domicile Affidavit, continued	A Student	B Parent or Guardian
16. Are you a member of the Navajo tribe who lives on the Navajo Reservation in any state contiguous to Arizona? (Provide CIB, letter from Chapter House)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. U.S. Military - Are you currently on active duty in the U.S. military? a. Home state?	<input type="checkbox"/> Yes <input type="checkbox"/> No State:	<input type="checkbox"/> Yes <input type="checkbox"/> No State:
18. Are you a registered voter? a. When did you register? b. Which state?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: State:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: State:
19. Do you have a driver's license or state identification card? (Both must provide if student under 19 or dependent) a. Date Issued? b. State Issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: State:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: State:
20. Do you own a vehicle? a. If yes, month and year you registered vehicle? b. Which state is it registered in?	<input type="checkbox"/> Yes <input type="checkbox"/> No Mo:            Year State:	<input type="checkbox"/> Yes <input type="checkbox"/> No Mo:            Year State:
21. Did you or will you file Arizona State Resident Taxes this year and last year? a. If no, in which state and year did you file?	<input type="checkbox"/> Yes <input type="checkbox"/> No State:    Year: <input type="checkbox"/> N/A State:    Year: <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No State:    Year: <input type="checkbox"/> N/A State:    Year: <input type="checkbox"/> N/A
22. During the last year, have you received any Financial assistance or benefits that required you to be a resident of another state? a. If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No Source:
23. During the last year, have you been classified as a resident of another state when attending a college or university? a. If yes, which state?	<input type="checkbox"/> Yes <input type="checkbox"/> No State:	<input type="checkbox"/> Yes <input type="checkbox"/> No State:
24. Is there any additional information that you would like us to consider when determining your residency?		
<p><b>I declare, under penalty of perjury under the laws of the State of Arizona, that all the information given on this form, or in support of this form, is true and correct. I understand the submission of false information is grounds for denial of admission, or immediate suspension if enrolled, and may subject me to criminal charges.</b></p>		
Applicant's Signature _____		Date _____
Parent/Guardian Signature (only if information is required) _____		Date _____
<p>*Social Security Number (SSN) is required for the IRS and Financial Aid purposes. It will be accessible to CCC employees and contractors who need the information to do their official jobs for the College. Your SSN will not be used as your student identification number. You will be assigned a CCC ID number.</p>		

Office Use Only	
Resident / Non-Resident / Non-Resident Indeterminate	Notes:
Date:	
College Signature:	
WUE Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Coconino Community College ■ Registration and Enrollment Services  
2800 S. Lone Tree Road, Flagstaff, AZ 86005-2701 ■ 928.226.4299 or 1.800.350.7122 (statewide)