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

*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? ______ / ______ / ______

Are you registered to vote in Arizona?          Yes          No   County:  _______________     Date registered:      ______ / ______ / ______
Current driver’s license number:  _________________  State issued:  ___________      Date issued:             ______ / ______ / ______
Vehicle license number:  ________________________  State registered:  ________     Date issued:             ______ / ______ / ______
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:  _________________________________________________
Place of Employment:  ________________________________________
Dates of Employment:  ____________ / ___________ / _____________

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

Revised May 14, 2013