

Residency Statement



INSTRUCTIONS: All students taking credit classes must complete this form so correct tuition rates can be determined. 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 (if a returning student)	@
4. Social Security Number*	---- ----
5. I choose not to disclose my social security number*	Initial:
6. Home Phone Number	()
7. Birthdate and Age	/ / Age: _____
8. Are you seeking admission under the Western Undergraduate Exchange Program (WUE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(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, and Wyoming. For more information go to: http://www.coconino.edu/registrar/app_menu.htm#WUE)

If you will be under the age of 19 at the start of semester, columns "A" and "B" are required. For column "B", give information for the parent or legal guardian you live with and who claims you as a dependent for federal income tax purposes. ALL students must fill out column "A".

<i>Legal guardians must be court appointed for purposes other than gaining in-state tuition and proof of guardianship must be attached.</i>	A Student	B Parent or Guardian
9. Information for Parent or Guardian		Mother Father Legal Guardian
10. Full Legal Name		
11. Mailing Address		
12. Permanent Address		
13. Are you employed/self-employed? a. If yes, employer's name and address b. Date employment began c. If you are not employed, what is your main source of financial support?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Source:
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? Fill in 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 cardholder? (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?	<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. Which 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. What 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? (Provide copy) a. State Issued b. Date Issued	<input type="checkbox"/> Yes <input type="checkbox"/> No State: Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No State: Date:
20. Do you own a vehicle? a. If yes, what month and year did you register it? b. What state is it registered in?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: State:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: State:
21. Did you or will you file Arizona State Resident taxes this year and last year? a. If no, in what 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. During the last year, have you been classified as a resident of another state when attending a college or university? a. If yes, what 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?		

I declare, under penalty of perjury under the laws of the State of Arizona, that all of 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.

Applicant's Signature

Date

Parent/Guardian Signature (only if information is required)

Date

* You will be assigned a CCC ID number. Disclosure of your Social Security Number (SSN) is voluntary, but will aid in matching your current and future records with any past records, ensuring that you will receive credit for academic work. Your SSN is necessary for IRS and Financial Aid purposes. Your SSN will not be used as your student identification number. It will be accessible to CCC employers or contractors who need the information to do their official jobs for the College.

For information on residency requirements and appeal information, go to:
www.coconino.edu/policies-and-procedures/501/02Rev04.htm or
 email: admissions.registration@coconino.edu or call (928) 226-4299

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