



# DOMICILE AFFIDAVIT

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Office use only:  
 Classification

Revised 01/2014

By:

Date:

**This form is ONLY for first time students during their first semester at UA or former students who are returning after an absence.**

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Semester for which domicile affidavit is intended:  Spring  Summer  Fall 20 \_\_\_\_\_

### Part 1: Personal History

- A. Age \_\_\_\_\_ Date of birth \_\_\_\_\_ State of birth \_\_\_\_\_ Country of birth \_\_\_\_\_
- B. Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- C. Present address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- D. U.S. citizen  Yes  No (if no, in what country do you hold citizenship) \_\_\_\_\_ Type & Number of Visa \_\_\_\_\_
- Permanent resident alien  Yes  No Refugee/asylee  Yes  No Issuance date of permanent resident alien status \_\_\_\_\_
- Deferred Action for Childhood Arrivals (DACA)  Yes  No If yes, then attach a copy of your EAD card to this affidavit.
- Employment Authorization Document (EAD) valid from date \_\_\_\_\_ (EAD) expiration date \_\_\_\_\_
- If no EAD then attach a copy of your approved I-797 Notice of Action form. Valid from \_\_\_\_\_ Until \_\_\_\_\_
- E. Date your *present* stay (i.e. current stay) in Arizona began \_\_\_\_\_
- F. Official University of Arizona email address \_\_\_\_\_

### Part 2: Domicile

- A. Do you consider yourself domiciled in Arizona (i.e. are you an Arizona resident)?  Yes  No
  - B. If you consider yourself domiciled in Arizona, carefully complete this entire form.
- If you do NOT consider yourself domiciled in Arizona, present this form after completing Part 1 and 2 and signing at the bottom of part 6 on reverse side.

### Part 3: Employment/Academic History

- A. Name of high school last attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date of graduation \_\_\_\_\_
- B. Chronological record of education and employment activities since high school or past 24 months. **Leave no significant gaps unexplained.**

#### Employment (start with present or most recent employer)

Inclusive Dates with Month & Year	Name of Employer/Company Name	City & State

#### Colleges and Universities Attended (start with present or most recent institution)

Inclusive Dates w/ Month & Year	Name of College/University	City & State	Resident or Non-Resident

Are you presently enrolled in any college or university?  Yes  No  
 If yes, give name and location of institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Part 4: Personal Data**

	Student	Spouse (optional)*
A. Most recent year Arizona income tax filed		
B. Where did you last vote? (City & State)		
Date you last voted		
C. Where are you currently registered to vote?		
D. Place and date of immediately previous voter registration		
E. How long have you been <b>continuously</b> living in Arizona?		
F. City and state or country of residence prior to Arizona		
Inclusive dates of prior residence		
G. Registration of vehicle operated by student	Owner:	Owner:
	State: Date Issued:	State: Date Issued:
	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> New <input type="checkbox"/> Renewal
H. Driver's license or Arizona ID card	State: Date Issued:	State: Date Issued:
	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> New <input type="checkbox"/> Renewal

I. Have you been out of Arizona during the past 12 months? Yes No Explain dates and reasons \_\_\_\_\_

J. What are your present sources of support? \_\_\_\_\_

K. If entirely self-supporting, for how long have you supported yourself? \_\_\_\_\_ Last year claimed as tax dependent by parent(s) \_\_\_\_\_

L. Reasons for relocating to Arizona \_\_\_\_\_

M. Are you a veteran Yes No Date of entry \_\_\_\_\_ Date of separation \_\_\_\_\_ Branch of service \_\_\_\_\_ Home of record: \_\_\_\_\_

N. Are you, your spouse or parent in the military? Yes No State claimed for tax purposes (listed on the military monthly LES) \_\_\_\_\_

\*Under Arizona Law, the residency status of the student's spouse may have bearing on the residency status of the student, so this information may be helpful.

**Part 5: Family History (if claimed by parent(s) for tax purposes within the last 2 years or are under the age of 20)**

	Father / Stepfather / Guardian (circle one)	Mother / Stepmother / Guardian (circle one)
A. Does he/she claim Arizona domicile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes and he/she is not living in Arizona, please have him/her provide a statement which supports his claim to Arizona domicile.</b>		
B. Name		
C. Permanent address		
D. Present address		
E. US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IMPORTANT: If a parent/guardian is not a US citizen, provide a copy of their Permanent Resident Card or Visa.</b>		
G. What period of time has he/she resided in AZ?	Give Dates:	Give Dates:
H. Employed in Arizona	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired
I. Occupation		
J. Employer		
K. Employer's address		
L. Last previous home		
M. Does he/she own a home in Arizona?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home ownership in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Arizona home purchase or lease		
N. Registered to vote? When/where last voted?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Where:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Where:
O. Vehicle registration	State: Date Issued:	State: Date Issued:
P. Driver's license	State: Date Issued:	State: Date Issued:
Q. Last 2 years income tax filed	Year: State:	Year: State:
	Year: State:	Year: State:
R. Are <b>BIOLOGICAL</b> parents deceased?	Father: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Respond to the following questions if only one parent is living or if custodial parent is divorced or if student has a Guardian:</b>		
S. If parents are divorced, to whom did the court assign custody of the minor student?	<input type="checkbox"/> Mother <input type="checkbox"/> Father	
T. If so, when, where, and by what court?		
U. Which parent claimed student as an income tax exemption/deduction on the most recent federal tax return?	<input type="checkbox"/> Mother <input type="checkbox"/> Father	
V. Has a court order been issued assigning student to the custody of a person other than a parent (or legally emancipating the student)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W. If yes, why was this done?		
X. If so, to whom?		
Y. If so, when, where, and by what court?		
Z. If so, who claims student as an income tax exemption/deduction?		
AA. If so, where do the biological parents live?		

I certify the information entered on this form has been examined by me and to the best of my knowledge is correct and complete. I understand false or misleading statements concerning domicile may lead to dismissal. (If the student is less than 18 years of age the parent or legal guardian must also sign.)

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date