



THE UNIVERSITY OF ARIZONA

DOMICILE AFFIDAVIT

Residency Classification Office
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Office use only: Revised 9/2022
Classification
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)

Table with 3 columns: Inclusive Dates with Month & Year, Name of Employer/Company Name, City & State

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

Table with 4 columns: 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 continuously 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: State: Date Issued: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Owner: State: Date Issued: <input type="checkbox"/> New <input type="checkbox"/> Renewal
H. Driver's license or Arizona ID card	State: Date Issued: <input type="checkbox"/> New <input type="checkbox"/> Renewal	State: Date Issued: <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 year or are under the age of 18)

	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. 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 <i>If yes, provide a copy of permanent resident card.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide a copy of permanent resident card.</i>
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 BIOLOGICAL 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
S. If parents are divorced, to whom did the court assign custody of the minor student?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Not Applicable <i>If Not Applicable, skip questions T—AA.</i>	
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