



Eastern Arizona College Domicile Affidavit†

- Use this form to verify legal residence. Please print your responses.
- A one-year residency requirement is enforced in order for a student to be classified as an in-state student for tuition purposes.
- Students may not change state residency while they are enrolled as full-time students.
- The responsibility of registration under the proper residence classification is placed upon the student. Any student who is found to be classified improperly shall be required to pay full tuition, or be subject to dismissal from the college. In doubtful cases, a certified statement of the facts or documentation of the facts may be required.

Name: (Last First Middle)	Student Number (SS#) ID#:
Legal Address: (P.O. Box or Street City State ZIP)	Mailing address, if different from Legal Address:

When did your current residency in Arizona begin? Month / Day / Year	Are you registered to vote in Arizona? ___ Yes ___ No If yes, in which County? Date registered:
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What are your present sources of income? ___ Self-Supporting (self/ spouse) ___ Parent/Guardian If parent/guardian, write in their name/address: (Name P.O. Box or Street City State ZIP)
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List employers during the past two years: Employer: Place of employment: Dates of employment: to Month / Day / Year Month / Day / Year	Employer: Place of employment: Dates of employment: to Month / Day / Year Month / Day / Year
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Did your employer require that you/your spouse, or parent/guardian be transferred to Arizona? ___ Yes ___ No If yes, provide name of employer:

State income tax filed for the past two years: Tax Year: State filed: Address given: Residence listed:	Tax Year: State filed: Address given: Residence listed:
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If you have been attending another college or university, please list name and dates attended: Institution: Dates Attended: to Month / Day / Year Month / Day / Year
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Did you pay "resident" or "non-resident" tuition at the above institution? ___ Resident ___ Non-Resident
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Current Driver's License #: Issuing State: Date issued: Renewal: ___ Yes ___ No If Yes, date original license was issued:
Vehicle license tag #: Issuing State: Date issued: Renewal: ___ Yes ___ No Is the vehicle owned by you? ___ Yes ___ No

Are you in the military service? ___ Yes ___ No If Yes, what is your Home of Record? Are you a military dependent? ___ Yes ___ No If Yes, what is your guardian/spouse's Home of Record?
Are you a resident member of an Indian tribe whose Reservation land lies in this state and extends into another state? ___ Yes ___ No If Yes, which Reservation?

Attach other information that may support your residency: (Please refer to the College catalog for additional information or documentation)

I certify that the foregoing statements are correct. Applicant's Signature: Date:
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For EAC Records & Registration Office Use: ___ Approved ___ Denied Date: College Official's Signature
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