



Tohono O'odham Community College
Domicile Affidavit Form

A one-year residency requirement is enforced in order for a student to be classified as an in-state student for tuition purposes. 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.

(Please print or type: additional information may be submitted)

1. Name: Last, First, Middle 2. I.D. # _____ D.O.B. _____

3. Legal Address 4. Mailing address (if different)

5. Have you lived in Arizona one year or more continuously? Are you registered to vote in Arizona? Yes ____ No ____
Yes ____ No ____ County _____

If yes, month/year stay in Arizona began _____ Date registered _____

6. Are you currently employed in Arizona? Yes ____ No ____

7. Do you receive more than 50% of your financial support from someone living outside of Arizona? Yes ____ No ____

8. Did your employer require that you, your spouse or parent be transferred to Arizona? Yes ____ No ____ If yes, provide name of employer _____

9. Will you file taxes in Arizona this year? Did you file taxes in Arizona last year? Yes ____ No ____
Yes ____ No ____

10. Have you attended another college or university within the past year outside of Arizona? Yes ____ No ____ If yes, did you pay resident tuition? _____

11. Current driver's license No. _____ State issued _____
Date issued _____ Renewal: Yes ____ No ____ Original date issued _____

12. Vehicle license number _____ State registered _____
Date issued _____ Vehicle owned by you?

Yes ____ No ____

13. 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 parent,
guardian or spouse stationed? _____

14. 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 _____

List any other information that may support your residency, such as employment history (See TOCC Admissions Office for additional information regarding documentation).

I certify that the above information is true.

Applicant's Signature _____ Date: _____

Approved ____ Denied ____ Date

_____ College

signature _____