



# DOMICILE AFFIDAVIT

Residency Classification Office  
 Administration Building, Room 210  
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**This form is ONLY for first-time students during their first semester at the University of Arizona or former students returning after an absence. Please email the form and documentation to [reg-rco@arizona.edu](mailto:reg-rco@arizona.edu)**

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

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

## 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 \_\_\_\_\_

*(if yes, please provide a copy of your permanent resident card)*

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 Part 2 and signing at the bottom of Part 5 on the fifth page

## 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

### College and Universities Attended (Start with present or most recent Institution)

Inclusive Dates with Month & Year	Name of College/University	City & State

Are you presently enrolled in any college or university?    Yes    No

If yes, give the name and location of the institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Part 4: Personal Data**

- 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 \_\_\_\_\_
  
- H. Driver's license or Arizona ID card \_\_\_\_\_

**Student**

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 New Renewal  
 State: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 New Renewal

**Spouse (if applicable)**

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 \_\_\_\_\_  
 \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 New Renewal  
 State: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 New Renewal

**Student Information**

- A. Have you been out of Arizona during the past 12 months?  Yes  No Please explain dates and reasons: \_\_\_\_\_
- B. What are your present sources of financial support? \_\_\_\_\_
- C. If entirely self-supporting, for how long have you supported yourself? \_\_\_\_\_ Last year claimed as tax dependent by parent(s) \_\_\_\_\_
- D. Reasons for relocating to Arizona \_\_\_\_\_
- E. Are you a veteran?  Yes  No  
Date of entry \_\_\_\_\_ Date of separation \_\_\_\_\_ Branch of service \_\_\_\_\_ Home of Record \_\_\_\_\_
- F. Are you, your spouse, or parent(s) in the military? Yes No State claimed for tax purposes (listed on the military monthly LES) \_\_\_\_\_

**\*Under Arizona Law, the residency 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 student is claimed by someone else for tax purposes within the last year or is under the age of 18)

- A. Are student's BIOLOGICAL Parent 1 deceased? Yes No Unknown
- B. Are student's BIOLOGICAL Parent 2 deceased? Yes No Unknown
- C. If parents are divorced, to whom did the court assign custody of the minor student? \_\_\_\_\_  
*(if not applicable, skip questions C-K)*
- D. If so, when, where, and by what court? \_\_\_\_\_
- E. Which parent claimed the student as an income tax exemption/deduction on the recent federal tax return? \_\_\_\_\_
- F. Has a court order been issued assigning student to the custody of a person other than a parent (or legally emancipating the student)?  Yes  No
- G. If yes, why was this done? \_\_\_\_\_
- H. If so, to whom? \_\_\_\_\_
- I. If so, when, where, and by what court? \_\_\_\_\_
- J. If so, who claims the student as an income tax exemption/deduction? \_\_\_\_\_
- K. If so, where do the biological parents live? \_\_\_\_\_

	<b>Parent 1</b>	<b>Parent 2</b>
L. Name:	_____	_____
M. relationship to student:	_____	_____
N. Does the parent(s) claim Arizona domicile?	Yes No	Yes No
O. Permanent address	_____	_____
P. Present address	_____	_____
Q. U.S. Citizen?	Yes No	Yes No
R. Permanent resident Card holder? <i>(if yes, please provide a copy of your permanent resident card)</i>	Yes No	Yes No
S. What period of time have they resided in AZ? Dates:	_____	Dates: _____
T. Employed in Arizona	Yes No Retired	Yes No Retired
U. Occupation	_____	_____
V. Employer	_____	_____
W. Employer's address	_____	_____
X. Last previous home address	_____	_____
Y. Do they own a home in AZ?	Yes No	Yes No
Home ownership in another state?	Yes No	Yes No
Date of Arizona home purchase or lease	_____	_____
Z. Registered to vote?	Yes No	Yes No
State last voted?	State: _____	State: _____
AA. Vehicle registration	State: _____ Date Issued: _____	State: _____ Date Issued: _____
BB. Driver's license	State: _____ Date Issued: _____	State: _____ Date Issued: _____
CC. Last 2 years income tax filed	Year 1: _____ State: _____ Year 2: _____ State: _____	Year 1: _____ State: _____ Year 2: _____ State: _____

I certify the information entered on this form has been examined by me and to the best of my knowledge is current 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.)

Student's Signature	Date	Parent 1	Date
		Parent 2	Date