



SEMESTER/YEAR \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

**ARIZONA OUT-OF-COUNTY RESIDENCE AFFIDAVIT**

**Instructions to Applicant** – The Maricopa District and other established districts in the state may admit students from any part of this state that is not a part of an established community college district on the same conditions as residents. Maricopa’s enrollment process requires that students seeking the in-county resident rate to complete this affidavit and submit it to the college cashier’s office upon payment of tuition.

Applicant’s Name: \_\_\_\_\_ Last 4 Digits of SS: \_\_\_\_\_

Legal Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

County of Residence: \_\_\_\_\_ How Long? \_\_\_\_\_

Name of last high school attended: \_\_\_\_\_ Location: \_\_\_\_\_

Are you registered to vote? Yes:  No:  If yes, where? \_\_\_\_\_

Are you presently employed? Yes:  No:  If yes, where? \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE**

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am a legal resident of: \_\_\_\_\_ County. Residence established: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_