



DOMICILE AFFIDAVIT

Residency Classification Office
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Office use only:
Classification

Revised 01/2023

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)

Inclusive Dates with Month & Year	Name of Employer/Company Name	City & State

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

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:	Owner:
	State: Date Issued:	State: Date Issued:
	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> New <input type="checkbox"/> Renewal
H. Driver's license or Arizona ID card	State: Date Issued:	State: Date Issued:
	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<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 If yes, provide a copy of permanent resident card.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of permanent resident card.
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 students 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	If Not Applicable, skip questions T—AA.
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