

Student Name:		
Student ID#:	 	

Residency Affidavit of Non-Support
Please Check One: ☐CGCC ☐EMCC ☐GWCC ☐GCC ☐MCC ☐PVCC ☐PC ☐Rio ☐SCC ☐SMCC
Maricopa Community College District
I,, affirm I will not claim my child/spouse, as an exemption for Federal and State Tax purposes for the tax year and my child/spouse will provide the college with a copy of my tax return by the Federal tax filing deadline.
Based on this affidavit and additional information provided, I understand my child/spouse is granted provisional residency for the purpose of assessing tuition defined by Maricopa Community College Residency Guidelines.
I understand if my child/spouse fails to provide Maricopa Community Colleges with a copy of his/her tax return, he/she may be liable for all out-of-state tuition/fees.
Signature: Date:
For Office Use Only Approved Denied Denied Denied Denied Denied Denied D
Signature of College Official Date