

Student Name:		
Student ID#:	 	

Residency Affidavit of Support

Please Check One: ☐CGCC ☐EMCC ☐GWCC ☐GCC ☐MCC ☐PVCC ☐PC ☐Rio ☐SCC ☐SMCC

Maricopa Community College District		
I,as an exemption for Federal and Stated dependent/spouse will provide the col	, affirm I will claim my dependent/spouse,, e Tax purposes for the tax year and my llege with a copy of my tax return by the Federal tax filing deadline.	
	information provided, I understand my dependent/spouse is granted of assessing tuition defined by Maricopa Community College	
I understand if my dependent/spou he/she may be liable for all out-of-s	se fails to provide the college with a copy of my tax return, state tuition/fees.	
Signature:	Date:	
Approved □ Denied □	For Office Use Only	
Signature of College Official	Date	