



Admissions Addendum: Colorado Residency

OFFICE USE ONLY		
Effective Term: _____		
In-District	Out-District	Out-State

*This information must be submitted BY THE FIRST DAY OF THE SEMESTER that you intend to enroll, or you will be classified as an Out-of State resident for tuition purposes.

Student Name: _____
(Please Print)

Aims ID: _____

Student Physical Address: _____
Street City State Zip Code

Are you claiming to be a Colorado Resident for tuition purposes?			
<input type="checkbox"/> NO If NO, what is your state of residence? _____. You may skip this residency section.			
<input type="checkbox"/> YES If YES, you must answer ALL of the following questions. Failure to answer a question will result in your being classified as <u>Out-of-State</u> for tuition purposes. Do not leave any question blank. You may answer "None" or "NA", but please also include an explanation , either on this application or on an additional sheet. The college may request supporting documentation at any time. If not provided or inconsistent with answers supplied, residency may be changed to Out-of-State and higher tuition assessed retroactively.			
Note If you are 22 years old, use column "A" AND" B"			
	Column A If 23 Years Old or Older, Answer for: YOU (the student)	Column B If Under 23 Years Old, Answer for:	
	<input type="checkbox"/> If you are under 23 years old and married for at least 1 full year. Marriage Date: _____	<input type="checkbox"/> Parent	
	<input type="checkbox"/> If you are under 23 years old but <u>Emancipated</u> from your parents (Attach Proof of Emancipation)	Or <input type="checkbox"/> Court-Appointed Legal Guardian (Must provide proof of guardianship)	
Dates of continuous physical presence in Colorado	_____ to _____ <small>Month Day Year Month Day Year</small>	_____ to _____ <small>Month Day Year Month Day Year</small>	NA <input type="checkbox"/>
Dates of any extended absence from Colorado in past 12 months (More than 1 month)	_____ to _____ <small>Month Year Month Year</small>	_____ to _____ <small>Month Year Month Year</small>	NA <input type="checkbox"/>
Reason for absence:	_____	_____	
Last 2 years of State Income Tax Returns filed	Tax Year: _____ State(s): _____ Tax Year: _____ State(s): _____	Tax Year: _____ State(s): _____ Tax Year: _____ State(s): _____	<input type="checkbox"/> <input type="checkbox"/>
Dates of employment in Colorado	_____ to _____ <small>Month Year Month Year</small>	_____ to _____ <small>Month Year Month Year</small>	<input type="checkbox"/> <input type="checkbox"/>
Date current Colorado Driver's License or ID was issued. Also, provide license or ID number.	Issued Month & Year: ____/____ New <input type="checkbox"/> Renewal <input type="checkbox"/> DL# _____	Issued Month & Year: ____/____ New <input type="checkbox"/> Renewal <input type="checkbox"/> DL# _____	<input type="checkbox"/> <input type="checkbox"/>
Last 3 years of Colorado Motor Vehicle Registration (Colorado License Plates/Tags Renewal)	<input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008	<input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date of Colorado Voter Registration (mo/yr)	Month & Year: ____/____	Month & Year: ____/____	<input type="checkbox"/> <input type="checkbox"/>
List dates of military service (if applicable)	_____ to _____ <small>Month Day Year Month Day Year</small>	_____ to _____ <small>Month Day Year Month Day Year</small>	<input type="checkbox"/> <input type="checkbox"/>
		Parent name _____	

I understand that this sworn statement is required by law because I have applied for a public benefit (In-State Tuition Rate). I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received. I also certify that to the best of my knowledge the information I have provided for my application is true and complete without evasion or misrepresentation.

 Student Signature Date

This form may be mailed to: Aims Community College, Admissions & Records Office: PO Box 69, Greeley, CO 80632
 Or you may Fax to: 970-506-6958