



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

## Admissions Addendum: Colorado Residency

\*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:** \_\_\_\_\_ **Aims ID or SSN:** \_\_\_\_\_  
 (Please Print)

**Student Physical Address:** \_\_\_\_\_  
 Street City State Zip Code

**Residency Questions** – Please answer the following questions. **Failure to answer a question may result in your being misclassified for tuition purposes.** Please contact the Office of Admissions if you need assistance.

Are you claiming to be a Colorado Resident for tuition purposes?  YES  NO If NO, what is your state of residence? \_\_\_\_\_  
 If you answered NO, you may skip this residency section.

What is your current age? \_\_\_\_\_ (If under 16, special permission is required. Please contact the Admissions Office)

- If you are under the age of 23 and not married please answer the questions for your parent or guardian. If you are over 23 or under 23 and have been married for at least a year, please provide only your information. \*NOTE\* If you are 22 years old, use column "A" and "B".**

### Column B – STUDENT

**If 23 Years Old or Older, Answer for: SELF**

- If you are under 23 years old and married for at least 1 full year.  
Marriage Date: \_\_\_\_\_
- If you are under 23 years old but Emancipated from your parents  
(Attach Proof of Emancipation)

### Column A – PARENT

**If Under 23 Years Old, Answer for:**

- Parent**  
Or
- Court-Appointed Legal Guardian**  
(Must provide proof of guardianship  
Please visit <http://www.aims.edu/about/faq.php?d=16>  
for additional requirements)

Dates of continuous physical presence in <b>Colorado</b> →	____/____/____ to ____/____/____ Month Day Year Month Day Year	<input type="checkbox"/> NA	____/____/____ to ____/____/____ Month Day Year Month Day Year	<input type="checkbox"/> NA
Dates of any extended absence from <b>Colorado</b> in past 12 months (More than 1 month)	____/____ to ____/____ Month Year Month Year	<input type="checkbox"/>	____/____ to ____/____ Month Year Month Year	<input type="checkbox"/>
Reason for absence:	_____			
Did you file a :	<input type="checkbox"/> 2008 Colorado State Tax Return <input type="checkbox"/> 2009 Colorado State Tax Return	<input type="checkbox"/>	<input type="checkbox"/> 2008 Colorado State Tax Return <input type="checkbox"/> 2009 Colorado State Tax Return	<input type="checkbox"/>
Dates of employment in <b>Colorado</b> or List other source of income if not employed	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 _____		<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 _____	
Do you have a current Driver's License or ID issued in <b>Colorado</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No New <input type="checkbox"/> Renewal <input type="checkbox"/> DL# _____		<input type="checkbox"/> Yes <input type="checkbox"/> No New <input type="checkbox"/> Renewal <input type="checkbox"/> DL# _____	
Last 3 years of <b>Colorado</b> Motor Vehicle Registration (Colorado License Plates/Tags Renewal)	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010	<input type="checkbox"/>	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010	<input type="checkbox"/>
Are you registered to vote in <b>Colorado</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List Dates of military service (If applicable)	____/____/____ to ____/____/____ Month Day Year Month Day Year		____/____/____ to ____/____/____ Month Day Year Month Day Year	
			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