

State of Arizona Affidavit of Shared Residence

Student Name:	_
Parent/Legal Guardian Name:	_
School Name:	
School District or Charter Holder:	
Name of Arizona Resident:	-
I, (resident name) swear or affirm the Arizona and that the persons listed below reside with me at my residence, description.	that I am a resident of the State of cribed as follows:
Persons who reside with me:	_
Location of my residence:	-
I submit in support of this attestation a copy of the following document that residence address or physical description of my property: Valid Arizona driver's license, Arizona identification card or motor Valid Arizona Address Confidentiality Program authorization card Real estate deed or mortgage documents Property tax bill Residential lease or rental agreement Water, electric, gas, cable, or phone bill Bank or credit card statement W-2 wage statement Payroll stub Certificate of tribal enrollment (506 Form) or other identification iss in Arizona Documentation from a state, tribal or federal government agency (So Veteran's Administration, Arizona Department of Economic Security	vehicle registration ued by a recognized Indian tribe ocial Security Administration,
Printed Name of Affiant:	
Signature of Affiant:	

Acknowledgement

State of Arizona County of	
The foregoing was acknowledged before me this By	_ day of , 20 ,
My Commission Expires:	Notary Public