Mesa Public Schools

AFFIDAVIT OF ARIZONA RESIDENCY
FOR CLOSE RELATIVE LIVING WITH THE STUDENT

Student ___________________________________________ School ________________________________

School District or Charter Holder  Mesa Unified School District #4 ____________________________

Close Relative Name ________________________ Relationship to Student __________________

“Close relative” is limited to the Student’s grandparent, brother, sister, stepbrother, stepsister, aunt, or uncle

Current Residence Address ________________________________________________________________

As a close relative of the Student, I attest that I have cared for the Student in place of the Student’s parents since __________ and that the whereabouts of the Student’s parents are unknown to me. I am a resident of the State of Arizona and submit in support of this attestation a copy of one of the following documents that displays my name and current residential address or physical description of the property where I reside with the Student:

_____ Valid Arizona driver’s license, Arizona identification card or motor vehicle registration
_____ Valid Arizona Confidentiality Program authorization form
_____ 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 or other identification, issued by a recognized American Indian tribe, that contains an Arizona address
_____ Documentation from a state, tribal, or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)
_____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

I further attest for the purpose of meeting the requirements of A.R.S. § 15-814 that the Student’s physical, mental, moral, and emotional health will be best served if the Student continues to live with me; the Student is not living with me to receive an education without payment of tuition; and I have no reason to believe that the biological parents, if alive, are not residents of the United States.

________________________________________________________  __________________________
Signature of Close Relative                                    Date

* For members of the armed forces, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

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