



**State of Arizona**  
**Affidavit of Shared Residence**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_ Safford Unified School District \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described 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 displays my name and current residence address or physical description of my property:

\_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration

\_\_\_\_\_ 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 issued by a recognized Indian tribe in Arizona

\_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

\_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_



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**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_,  
By \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_

Notary Public

**FOR OFFICE USE ONLY:**

*Initial and date below for each school year address was verified. If address has changed, parent must fill out new form and previous form must be retained for four years.*

\_\_\_\_\_  
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