

CERTIFICATE OF RESIDENCY/AFFIDAVIT

For county of: _____

Idaho code 33-2110 requires that the county you resided in for at least 12 consecutive months prior to attending classes pay part of your tuition (except for Ada and Canyon counties if attending CWI). It is your responsibility to prove legal residency by completing the form below. Some counties may require additional information or have you complete additional forms. **If the county cannot certify your legal residency, you are responsible for paying the county portion of your tuition.**

PLEASE COMPLETE ALL ITEMS BELOW:

Name: Last: _____ First: _____ Middle: _____ Phone: _____

Term: Fall 20____ OR Spring 20____ Birth Date: _____ SSN: _____

Current Address: _____

Resident County Address: _____

I have lived at the Resident County Address in _____ county from _____ to _____

Name of property owner where you live: _____

High School Last Attended: _____ Dates Attended: _____

Parent or Spouse: _____ Phone: _____

I hereby make application for tuition assistance to attend the College of Western Idaho for the term of entry noted above. I certify to the best of my knowledge that all statements I have made in this application are complete and true.

Student's Signature: _____ Date: _____

CHECK ALL THAT APPLY

____ I am a registered voter in this county.

____ My vehicle is registered in this county – License Plate #: _____

____ I have resided in this county for at least 12 consecutive months prior to the start of the college term in which I am enrolling.

____ I am a resident of this county, but have been living in another county for less than one year and have not established residency outside this county.

____ My spouse has resided in this county for at least 12 consecutive months prior to the start of the college term in which I am enrolling.

____ I or my spouse am residing, or are a dependent of a person residing in this county on military orders. Attach a copy of those orders.

For County Use Only Below this Line _____

This is to certify that the above named person is a legal resident of the county of _____, State of Idaho, and is eligible for tuition aid from this county for the _____ academic year.

By: Board of County Commissioners _____ Attest: _____ Date: _____

Upon completion return to: **College of Western Idaho
One Stop Student Services
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Nampa, ID 83653
Fax: 888-562-0456**