



Anne Arundel Community College
101 College Parkway Arnold, Maryland 21012-1895

Records and Registration Office / SSVC 140

410-777-2243 / Fax 410-777-2489 / records@aacc.edu / www.aacc.edu/recreg / MyAACC <http://myaacc.aacc.edu>

RESIDENCY PETITION FOR CHANGE OF BILLING STATUS

Directions: In order to be considered for a change in billing status complete all items on the petition and submit along with acceptable documentation within the term for which you are applying. REQUESTS WILL ONLY BE CONSIDERED FOR CURRENT OR FUTURE TERMS.

If you the student support yourself, provide a minimum of two of the documents listed below in your name, at current resident address and dated three months prior to the start of the semester you are applying for.

If for the most recent 12 months, another person(s) has provided one-half or more of your financial support, provide a minimum of two documents listed below in your supporter's name, showing current resident address and dated three months prior to the start of the semester you are applying for. **In addition,** you will need to provide one document from the list below in your name showing your current resident address and dated three months prior to the start of the semester in addition to the two documents from your supporter. The supporter must also complete the information requested in Section B.

For example: Spring 2019 semester starts January 23, 2019, documents must be dated before October 23, 2018.

Acceptable Documents:

- | | |
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| <ul style="list-style-type: none"> Maryland Driver's License Voter Registration Card Copy of Deed of Trust or Signed Lease Maryland Withholding Form – MW 507 (not U.S. W-2) | <ul style="list-style-type: none"> Maryland Income Tax Return (not U.S.) Utility Bill: gas, electric, water, phone, cable, etc. Vehicle Registration Card |
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The college reserves the right to request additional information and documentation as necessary.

Active Duty Military Personnel Only:

Complete this form with a copy of your military ID (also dependent ID, if spouse or child), copy of orders, and a copy of housing assignment, lease, deed or utility bill showing your resident address.

Honorably Discharged Veterans Only:

Complete this form with a copy of your DD-214 and one of the acceptable documents listed above in your name and showing your resident address. If your DD-214 is already on file, please indicate that at the top of this form.

SECTION A – TO BE COMPLETED BY STUDENT

Term _____ Year _____

1. Student Name _____ AACC ID #: _____

2. Are you a US citizen? Yes No* *If no, are you a permanent resident? Yes No
(Bring green card with you)

3. Home Address _____ City, State, Zip _____

County _____ Day Phone: _____ Evening: _____

4. Dates of occupancy at above address _____ Own Rent

5. Previous Address _____ City, State, Zip _____

How long did you live at this address? _____

6. Are you registered to vote? Yes No County and State _____

7. Do you possess a valid driver's license? Yes No

If yes, in what state issued? _____ County _____ Date of Issuance _____

8. Do you own a motor vehicle? _____
Yes No

If yes, in what state issued? _____ County _____ Date of Issuance _____

9. Do you have the use of another person's motor vehicle? _____
Yes No

If yes, provide name _____ Relationship to student _____

10. Are you paying Maryland income tax for this year on all earned income? _____
Yes No

If yes, which county? _____

11. List where you have filed income tax returns for the past two (2) years.
2017 State _____ County _____
2018 State _____ County _____

12. If employed, is Maryland income tax currently being withheld? _____
Yes No

If yes, which county? _____

Additional information : _____

13. For the most recent 12 months, has another person(s) provided one-half or more of your financial support? _____
Yes* No

*** If the answer to question 13 is "Yes", SECTION B (next page) must be completed by your supporter.**

The college reserves the right to request additional information and documentation if necessary.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Student (required)

Date

OFFICE USE ONLY

ACCEPTABLE DOCUMENTS:

1. _____ **MD** driver's license
2. _____ **MD** income tax return (not U.S.)
3. _____ Voter registration card
4. _____ Vehicle registration
5. _____ Utility bill showing home address
6. _____ Copy of deed of trust or signed lease
7. _____ **MD** withholding form – MW 507 (not U.S. W-2)

VETERANS

1. _____ DD 214
2. _____ One of the Acceptable Documents

MILITARY

1. _____ Military ID (also Dependent ID, if spouse or child)
2. _____ Copy of orders
3. _____ Copy of housing assignment, lease, deed, or utility bill showing resident address

DECISION

In-County Out-of-County Out-of-State

Term & Year _____

Signature of Registrar

Date

SECTION B – TO BE COMPLETED BY SUPPORTER IF ANSWER TO QUESTION 13 IN STUDENT SECTION IS “YES”

1. Name of Supporter _____ Relationship to Student _____
2. Are you a US citizen? *If no, are you a permanent resident?
Yes No* (Bring green card with you) Yes No
3. Supporter's Address _____ City, State, Zip _____
County _____ Day Phone: _____ Evening: _____
4. Dates of occupancy at above address _____
Own Rent
5. Previous Address _____ City, State, Zip _____
How long did you live at this address? _____
6. Are you registered to vote? County _____
Yes No
7. Do you possess a valid driver's license?
Yes No
If yes, in what state issued? _____ County _____ Date of Issuance _____
8. Do you own a motor vehicle?
Yes No
If yes, in what state issued? _____ County _____ Date of issuance _____
9. Do you have the use of another person's motor vehicle?
Yes No
If yes, provide name _____ Relationship to student _____
10. Are you paying Maryland income tax for this year on all earned income?
Yes No
If yes, which county? _____
11. List where you have filed income tax returns for the past two (2) years.
2017 State _____ County _____
2018 State _____ County _____
12. If employed, is Maryland income tax currently being withheld?
Yes No
If yes, which county? _____

Additional Information: _____

The college reserves the right to request additional information and documentation if necessary.

I CERTIFY THAT I HAVE SUPPORTED THE ABOVE-NAMED STUDENT FOR THE MOST RECENT 12 MONTHS AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Supporter

Date