

Empowerment Scholarship Account

Affidavit of Shared Residence

Student Name:	
Parent/Legal Guardian Name:	
Name of Arizona Resident:	
I, (resident name) the State of Arizona and that the persons listed described as follows:	swear or affirm that I am a resident of below reside with me and/or at my residence,
Persons who reside with me:	
Location of my residence:	
 Property tax bill with name and addre W2 tax form for previous year with va Utility bill within the past 60 days (was Certificate of tribal enrollment (506 Foundian tribe located in Arizona Other documentation with a current at the past 60 days (Social Security Admit Department of Economic Security) For Reservation addresses: Physical addepartment, tribal agency, or Chapter 	ss within one year lid current address ter, electric, gas, cable, phone) orm) or other identification issued by a recognized address from a state, tribal, or federal agency within inistration, Veterans' Administration, Arizona
Printed Name of Affiant:	
Signature of Affiant:	
Ackn State of Arizona County of	owledgement
The foregoing was acknowledged before me thi By	
My Commission Expires:	Notary Public