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: Fall 2022 semester starts August 29, 2022, documents must be dated before May 29, 2022.

Acceptable Documents:

- **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)
- **Maryland** Income Tax Return (not U.S.)
- Utility Bill: gas, electric, water, phone, cable, etc.
- Vehicle Registration Card

Redact all confidential and sensitive information from documents before submitting them.

Active Duty Military Personnel Only:
Complete this form and present 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? (Bring green card with you) _____ Yes _____ No

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.
Year_____ State_____ County_____
Year_____ 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.
Year_____ State_____ County_____
Year_____ 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**

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711.