

San Juan College

Request for New Mexico Residency Based on Full-Time Employment

The State of New Mexico provides for an exception to the 12-month continuous presence requirement for the spouse and dependent children of the person who has moved to New Mexico and had obtained permanent full-time employment or established a business. In such cases, the 12-month durational requirement is waived. All other requirements, however, must be satisfied. These include the Overt Acts and are specified below.

1. Documentation of employment within the state of NM
2. Payment of NM income taxes for most recent tax year
3. New Mexico driver's license
4. New Mexico vehicle registration
5. New Mexico voter registration

Any act considered inconsistent with being a New Mexico resident will cause the request for resident classification to be denied. Other relevant factors may be considered in addition to the items listed above. For example, (a) evidence of a long established bank account of at least six months in New Mexico, or (b) evidence of residential property ownership or a rental agreement in New Mexico.

Please complete the following information for the student. Attach copies of "Overt Acts" documents to this application (outlined above).

Student Name: Last _____ First _____ M.I. _____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zip _____

(_____) _____

Phone (include area code) _____ U.S. Citizen: _____ Yes _____ No

Are you a dependent of someone employed in the state of New Mexico on a full-time basis?

_____ Yes _____ No

If Yes, what is your relationship? _____ Spouse _____ Dependent Child

Name of company for individual working full-time: _____

Is New Mexico income tax currently being withheld: _____ Yes _____ No

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER

EMPLOYEE AFFIDAVIT

Employee Name _____ Name of Company _____

Company Address _____ City _____ State _____ Zip _____

Date of initial employment: _____

Length of Appointment: _____ Temporary for _____

_____ Permanent

Position is: _____ Full-Time at _____ hours per week

_____ Part-Time at _____ hours per week

Signature of Company Official

Title

DEPENDENCY AFFIDAVIT

This affidavit is used to verify the dependent status of a student for a year in which taxes have not yet been filed. It does not replace the 1040 or 1040A federal income tax form.

Upon completion of the 1040 or 1040A form, a copy must be sent to the address below. If a copy is not received by **May 1**, the residency change will revert to non-resident rates and the student will be billed for the tuition differences.

Statement of Dependency

As parent or guardian of the student identified above, we certify that we do intend to claim the student as a dependent for federal income tax purposes for the current tax year. Upon completions of the tax year form identified above, and not later than May 1, we will provide the Office of Enrollment Services a copy of either Form 1040 or 1040A as submitted to theirs.

_____ will be claimed as a dependent for the _____ tax year.
Student's Name Year

Student's Birthdate

For Office Use Only

Action: _____ Approved _____ Denied

Effective: _____ By: _____ Date: _____

Return to:

**San Juan College
Office of Enrollment Services
4601 College Blvd
Farmington, NM 87402

505-566-3545**