

**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). Please print legibly.**

Student Name: Last \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ U.S. Citizen \_\_\_ Yes \_\_\_ No  
Phone: (Include area Code) \_\_\_\_\_

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 A 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 fees 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 completion of the tax year form identified above, and not later than May 1, we will provide the Office of Admissions & Records 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 Birth Date

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**For Office Use Only**

Action: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Effective: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

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**Return To:**

**San Juan College  
Office of Admissions & Records  
4601 College Blvd  
Farmington, NM 87402**

**505-566-3300**