

AFFIDAVIT

I/We _____, affirm that I/We have
Print Name(s)
not earned sufficient income to be required to file and have not filed an Arizona or
U.S. tax return for the following calendar years _____.
List Recent Year(s)

Subscribed and sworn to before me this _____ day of _____, by:

Notary Public

Student name(s) _____

Please either mail or fax this page to:
Arizona Christian School Tuition Organization, Inc.
P.O. Box 6580 ♦ Chandler, AZ 85246
FAX: (480) 820-2027