

## AB 91 NONRESIDENT TUITION EXEMPTION AFFIDAVIT

Effective until Summer 2028

Education Code §76140, as amended, commonly known as AB 91

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**INSTRUCTIONS:** Students must complete and sign this affidavit to request exemption from nonresident tuition charged to nonresident students through AB 91. The AB 91 exemption only applies to California Community Colleges near the California – Mexico border.

<b>Name:</b>		<b>Birthdate:</b>	/ /
<b>Email:</b>		<b>Phone:</b>	
<b>College:</b>		<b>College ID:</b>	

**Check all boxes indicating you meet the requirements:**

- I am a resident of Mexico and reside within 45 miles of the California-Mexico border for at least one year immediately before seeking the exemption.
- I meet low-income standards (see reverse) and qualify for the AB 91 exemption.
- I plan to enroll in the following number of units per semester:
  - Fulltime (12 or more units)
  - ¾ Time (6.5 – 11.5 units)
  - Half time (6 units)
  - Less than half time (.5-5.5 units)

**Check all the boxes affirming you have read and agree to them:**

I understand this affidavit is only valid at the community college listed above, and it is not transferrable between community colleges.

I understand that if I move from my current address, it is my responsibility to inform the college of my change. If I move away from my current address, I may not be eligible for this exemption.

I understand that a break in enrollment of two semesters or more would require me to submit a new application and new affidavit.

I understand that the exemption only applies to lower-division courses.

I understand that colleges have limited exemptions available to students and are available on a first-come, first-serve basis.

[For Non US-Citizens] I understand that I must obtain a valid I-20 and F/M/J status if I wish to enroll in class on-campus and to attend as a border commuter student.

I understand that this exemption expires on July 1, 2028.

**DECLARATION OF TRUE AND ACCURATE INFORMATION**

I, the undersigned, declare under penalty of perjury that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for the AB 91 Nonresident Tuition Exemption. I further understand that if any of the above information is found to be false, I will be liable for payment of all nonresident tuition charges from which I was exempted and may be subject to disciplinary action by the College.

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Income Level Thresholds**

<b>Family Size</b>	<b>Household Income (USD)</b>
1	\$ 21,870
2	\$ 29,580
3	\$ 37,290
4	\$ 45,000
5	\$ 52,710
6	\$ 60,420
7	\$ 68,130
8	\$ 75,840
Each Additional Family Member	Add \$ 7,710

*Source: California Community College Chancellor's Office*