



State University of New York

Application for New York State Residency Status For Tuition Billing Purposes

All information in Section A must be completed.

Section B must be completed if you are an independent student. Section C must be completed if someone other than you or your spouse claims you as a dependent for tax purposes.

Section A

Social Security Number _____ - _____ - _____ County of Residence _____

Last Name _____ First Name _____ MI _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Telephone Number () _____ - _____ E-mail Address _____

Length of time at this address (Years/Months): ____ / ____ **(If less than 3 years, list your prior addresses below.)**

From	To	Street	City	State

Local Address and Telephone Number (if different from above):

Street Name: _____ City: _____ State: _____ Zip Code: _____

Age: ____ Date of Birth: ____ / ____ / ____ Martial Status: _____ Local Phone Number () _____ - _____

Citizenship: _____ U.S. _____ Other _____ If other, list VISA Type: _____ **(Please attach copy)**

If you are a permanent resident of the U.S., list your alien registration number: A _____ Date Issued: ____ / ____ **(Please attach copy)**

Are you an undocumented alien? ____ Yes ____ No **(Please attach copy of Expired Visa)**

Education

Did you attend a New York high school or an approved program for General Equivalency Diploma (GED) exam? ____ Yes ____ No

If yes, year of graduation or completion _____ Name of High School _____ City _____ State _____

Did you attend this high school during both your junior and senior years? _____ Yes _____ No

Are you (or your parent or spouse) a member of the US Armed Forces on full-time active duty? _____ Yes _____ No If yes, please submit a copy of the Home of Record or orders showing assignment to New York State duty station.

Have you ever received a New York State financial aid award (TAP, Regents scholarship, etc.)? ____ Yes ____ No If yes, from what institution? _____

Drivers License and Vehicle Information

Do you have a driver's license? ____ Yes ____ No If yes, in what state? _____ **(Please attach copy)** Date Issued: ____ / ____

Do you own a car? ____ Yes ____ No If yes, what state is your car registered? _____ **(Please attach copy)** Registration Date: ____ / ____

Will you be registering a vehicle for parking on campus? ____ Yes ____ No If yes, what state is your car registered? _____

Plate Number: _____ Owner: _____ **(Please attach copy if other than above)**

Voter Registration Information

Are you a registered voter? ____ Yes ____ No If yes, in what state are you registered? _____ Registration Date: ____ / ____

Section B. Must be completed if you are claiming independent status. Individuals under the age of 22 are generally not eligible for independent status. Students must provide evidence of one year of independent living to be considered emancipated. If financially dependent on your parents, skip this section and have your parents complete Section C.

In what state did you (or your spouse) last file resident taxes? _____ Where will you file next year? _____ **(Attach copy of most recent signed Federal and State Income Tax)**

Section B continued:

Were you or will you be claimed as a dependent on your parents' federal income tax return for the prior and current year?

Year 20 ____: ____ Yes ____ No Year 20 ____: ____ Yes ____ No

Are you an emancipated minor or adult student who is financially independent from parental support? ____ Yes ____ No

If yes, when did you become independent? Date: ____ / ____ (Month/Year)

Amount of financial support provided to you by parents or guardians during the prior and current year: Year 20 ____ \$ _____

Year 20 ____ \$ _____

List below your sources of financial support for the past two (2) year.

From	To	Name and Address of Employer	Hours Worked/Week

If not employed, please list your financial resources: _____

Do you rent or own? ____ Rent ____ Own **(Please attach a copy of your signed lease, deed or tax bill)**

Did you or will you live in an apartment, house or building owned or leased by your parents for more than six (6) weeks during the last two years and current year?

Year 20 ____: ____ Yes ____ No Year 20 ____: ____ Yes ____ No Year 20 ____: ____ Yes ____ No

Applicants Affirmation: *(The following statement must be completed and signed before a Notary Public.)*

I do hereby affirm that I am a legal resident domiciled in the State of New York and that it is my intention to remain in New York State, and that all information provided on this form, and attachments thereto, is accurate and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York State residency status.

Signature of Applicant

Sworn to before me this ____ day of _____, 20 ____

Notary Public

Section C- *To be completed by the parent or custodial parent with whom the student resides or who claim the student as a dependent for income tax purposes.*

Name _____ Relationship to Student: _____

Permanent Address: _____

Length of time at this address (Years/Months): ____ / ____ Telephone Number: Home () ____ - ____

(If less than 3 years, list previous address below)

Previous Address: _____

Citizenship: ____ U.S. ____ Other If other, please specify: _____ Visa Type _____ **(Please attach copy)**

Please list states in which you filed or will file resident taxes during the last three years:

Year 20 ____ State: _____ Year 20 ____ State: _____ Year 20 ____ State: _____

(Attach copy of most recent signed Federal and State Income Tax)

Affirmation: *The following statement must be completed and notarized before a Notary Public.*

I, _____, do hereby affirm that all information provided on this form and any attachments thereto is accurate, complete and true to the best of my knowledge.

Date: ____ / ____ Signature: _____

Sworn to before me this ____ day of _____, 20 ____

Notary Public