



# 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