



# 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 yourself or your spouse claims you as a dependent for tax purposes.

## Section A

Semester applying for \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Length of time at this address (insert figures). \_\_\_ / \_\_\_ (Years/Months) (If less than three years, list your prior addresses below.)

From	To	Street	City	State

Local Address (if different from above) Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Martial Status: \_\_\_\_\_ Citizenship: \_ U.S. \_ Other If other, VISA Type: \_\_\_\_\_

If you are a permanent resident of the U.S., list your alien registration number: A \_\_\_\_\_ Date Issued: \_\_\_ / \_\_\_

Are you a first time SUNY student? \_\_\_ Yes \_\_\_ No \_\_\_ Undergraduate \_\_\_ Graduate

Have you received financial aid from New York State TAP or other scholarships? \_ Yes \_ No

Do you have a driver's license? \_ Yes \_ No If yes, in what state was your license issued? \_\_\_\_\_

Date Issued: \_\_\_ / \_\_\_ Driver's License Number: \_\_\_\_\_

Do you own a car? \_ Yes \_ No If yes, what state is your car registered? \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Registration Date: \_\_\_ / \_\_\_

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

In what state did you (or your spouse) last file resident taxes? \_\_\_\_\_ Where will you file next year? \_\_\_\_\_

## Section B

If financially dependent on your parents, skip this section and have your parents complete Section C.

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? Last year: \_ Yes \_ No Prior year: \_ Yes \_ No

Were you or will you be claimed as a dependent on your parents' federal or state income tax return:

Last year: \_ Yes \_ No Prior year: \_ 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)

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

From	To	Name and Address of Employer	Hours Worked/Week

If not employed, please list your financial resources: \_\_\_\_\_  
\_\_\_\_\_

**Applicants Affirmation:**

I do hereby affirm that I am a resident of New York State 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.

Date: \_\_\_ / \_\_\_ Signature: \_\_\_\_\_

**Section C**

To be completed by the person who claimed or will claim you as a dependent for income tax purposes last year.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Business ( ) \_\_\_\_\_ - \_\_\_\_\_

Length of time at this address (insert figures). \_\_\_ / \_\_\_ (Years/Months)

Citizenship: \_\_\_ U.S. \_\_\_ Other If other, please specify: \_\_\_\_\_

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

Year: \_\_\_\_\_ State: \_\_\_\_\_ Prior Year: \_\_\_\_\_ State: \_\_\_\_\_ Second Prior Year: \_\_\_\_\_ State: \_\_\_\_\_

**Affirmation:**

I do hereby affirm that above information provided is accurate and true to the best of my knowledge.

Date: \_\_\_ / \_\_\_ Signature: \_\_\_\_\_

**Section D**

**Applicant's Affirmation:**

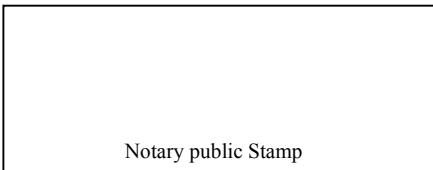
The following affirmation statement must be completed and notarized before a Notary Public:

STATE OF NEW YORK )  
) ss:  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, the applicant herein, being duly sworn, do hereby affirm that I am a bona fide legal Resident domiciled in the State of New York, and that all information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this date \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



\_\_\_\_\_  
Notary Public