# 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.)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Street</th>
<th>City</th>
<th>State</th>
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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.

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<tr>
<th>From</th>
<th>To</th>
<th>Name and Address of Employer</th>
<th>Hours Worked/Week</th>
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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  

Notary public Stamp  

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