

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: _____