

Application for New York State Residency Status for Tuition Billing Purposes

All information in **Section A** must be completed by the student. **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
Questions? Call (914) 251-7000

Section A (must be completed by the student applicant)

Name _____
Last
First
Middle

Social Security Number _____ County of Residence _____

Age _____ Date of Birth _____ Marital Status _____

Telephone Number (_____) _____

Permanent Address _____

Street City State Zip
 Length of time at this address _____ years, _____ months. If less than three years, list your prior addresses below.

From To Street City State

From	To	Street	City	State

Local Address (if different from Permanent): _____
Street
City
State
Zip

Citizenship: U.S.A. (If so, skip to page 2) Other If Other, list visa type _____ (Attach Expired Visa)

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

 Are you an undocumented alien? Yes (Please complete the section below before a notary) No (Attach Expired Visa)

STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

State of New York:

County of _____:

_____, being duly sworn, deposes and says that he/she does not currently have lawful immigration
 (student's name)
 status has filed an application to legalize his/her immigration status or will file such an application as soon as he/she is eligible to do so.

 (student's signature)

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

(Notary Public)

Education

1. Did you attend a New York State high school or an approved New York State program for General Equivalency Diploma (GED) examination? Yes No If yes, year of graduation or completion _____ **(Attach Official Transcript or GED)**

Name of High School _____ County _____ State _____

2. Did you attend this high school for two or more years and graduate from this high school? Yes No

If you answered “yes” to question 1 or 2 and are a U.S. citizen or permanent resident alien, you do not need to complete any further sections of this form. Please continue to page 5 and complete the section entitled “To be completed by All Students”.

3. Are you (or a parent) a member of the U.S. Armed Forces on full-time active duty? Yes No

If yes, please submit a copy of the Home of Record or Military Orders.

4. Have you ever received a NY State award (TAP, Regents Scholarship, Empire State Fellowship Challenger)? Yes No
If yes, from what institution? _____

If you answered “yes” to question 1 or 2 and do not currently have lawful immigration status but have filed an application to legalize your immigration status or will file such an application as soon as you are eligible to do so, you must complete the Student Affidavit of Intent to Legalize Immigration Status on the first page before a Notary Public and complete the section on page 5 entitled “To be completed by All Students”.

If you answered “no” to question 1 or 2 and are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify for resident tuition, you must complete section B or C of this application and and complete the section on page 5 entitled “To be completed by All Students”.

Drivers License and Vehicle Information

Do you have a driver’s license? Yes No. If yes, in what state? _____ **(Attach Copy)** Date Issued ____/____/____

Do you own a car? Yes No. If yes, in what state is your car registered? _____ Registration Date: _____ **(Attach Copy)**

Will you be registering a vehicle with Parking Services? Yes No. If yes, state of registration _____ **(Attach Copy)**

License Plate Number _____ Owner _____ Registration Date ____/____/____

Voter Registration Information

Are you a registered voter? Yes No. If yes, state of registration _____ Registration Date: _____ **(Attach Copy)**

In what state did you (or your spouse) file resident taxes for the past two years? _____

Where will you file for the current year? _____ **(Attach copy of most recent signed Federal and State Income Tax)**

Section B: Independent Students (If you are financially dependent on your parents, skip this section and proceed to Section C)

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 in order to be considered emancipated. If financially dependent on your parents, skip this section and have parents complete **Section C**

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

Amount of Financial support provided to you by parents or guardian during the prior and current year:
 Year 20___ \$ _____ Year 20___ \$ _____

List your source of financial support for the last two (2) years.

From	To	Name and Address of Employer	Hours worked per week

If not employed, please explain and **attach proof** of your financial resources. _____

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

Did you or will you live in an apartment, house or building owned 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 (Independent Students)

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

STATE OF NEW YORK

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 the information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York status.

Signature of Applicant

Sworn to before me this _____ Day of _____, 20___

(Notary Public)

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

Name _____ Relationship to Applicant _____

Permanent Address: _____

Street

City

State

Zip Code

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

Previous Address: _____

Street

City

State

Zip Code

Citizenship: U.S.A. Other If Other, list visa type _____ **(Attach Expired Visa)**

Please list states in which you filed or will file resident taxes during the last two years; and current year:

Year 20____ Year 20____ Year 20____
(Attach copy of most recent Federal and State Income Tax returns)

Do you have a driver's license? Yes No. If yes, in what state? _____ **(Attach Copy)**

Date Issued ____/____
Mo. Yr.

Do you own a car? Yes No. If yes, in what state is your car registered? _____ **(Attach Copy)**

Date Issued ____/____
Mo. Yr.

Parents Affirmation (Dependent Students)

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

STATE OF NEW YORK

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 the information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York status.

Signature of Applicant

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

(Notary Public)

To Be Completed by All Students

I certify that all information provided and all statements made in all sections of this application are true and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain the resident tuition rate, SUNY may revoke its determination of eligibility for the resident tuition rate and that I will owe non-resident tuition to the College for each semester or session that I have attended under these circumstances. I also may be subject to disciplinary action.

DATE: _____

STUDENT SIGNATURE: _____