

Instructions for the Application for New York State Residency

Please read all instructions carefully.

Any missing or incomplete information will delay the review process.

The application and ALL supporting documentation, MUST be handed in by the application deadline of the term in which New York State Residency is being sought.

DEADLINES:

Fall Semester: September 15 Spring Semester: February 15

- 1. Fill out the application for New York Residency accurately and completely. You MUST provide all information that is requested on this application.
- 2. The application MUST be notarized before it is submitted for review. Applications that are not notarized will not be considered for review
- 3. You MUST supply our office with copies the following documentation if applicable:

*If you are a dependent student, you must supply these documents for both you and your custodial parent(s)

Citizens or Eligible Non Citizens:

NYS Driver's License or NYS Identification Card (DMV Issued)

NYS Vehicle Registration

NYS Voter Registration

Signed NYS Residential Lease or Proof of Home Ownership (At least 12 month prior to registration)

Signed Federal Income Tax Return (1040 form for the prior year)

Signed NYS Resident Income Tax Return (IT201 or IT203 form for the prior year)

W-2 and 1099 Statements (from prior year)

NYS Bank Account (must be a currently held account: one current statement and one statement issued 12 months prior to registration)

Immigrant, Non-immigrant, Undocumented Students and Other Non-residents:

Permanent Residency Card

Alien Registration Card or Visa (Non-US Citizens only)

I-797 Notice of Action w/ I-730 approval

Asylee/Refugee decision approval letter and I-94

Employment Authorization (EAD) (I-766)

*Please visit our website for other acceptable documentation

4. Submit completed application and all supporting documentation to Student Financial Services Office

Your appeal will be reviewed by the Purchase College Residency Appeals Committee. Upon review, you will receive a decision. Decisions made by the Residency Appeals Committee are final.

If you have any questions or concerns, please reach out to our office at (914) 251-6080 or financialservices@purchase.edu



Application for New York State Residency Status for Tuition Billing Purposes

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	Last		First			Middle
urchase College ID#:		Age:	Date of Birth:		Marital Status:	
_	PID			MM/DD/YYYY	_	
ermanent Address:						
		Street		City	State	ZIP
ength of time at this			ears	_Months		
If less than 3 y	ears, List you	r prior address	ses below:			
From	То	St.	reet		City	State
110111	I	T	1000		City	State
TIZENCUID CTATUC						
ITIZENSHIP STATUS	VEC NO					
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Sworn to me before this ______ Day of ______, 20____ (Notary Public)

Section B: Must be completed by applicants claiming independent status. Individuals under the age of 24 are generally not eligible for independent status. Student claiming financial independence must also provide documented evidence of financial self-sufficiency.

If yes, when did you b			illialicially	Date:	from parental support? YES	S NO
,	•				M/DD/YYYY	
Amount of financial su	upport provide	d to you by լ	parents or	legal guardians	s during the prior year?	
	YEAR:	20		Amount \$		
		20		Amount \$		
TAX INFORMATION						
	a denendent o	n vour naren	ts Federal	and State inco	me tax return for the prior ye	ear? YES NO
•	-				ome tax return for the curre	
List the state(s) in whi	· ·					ne year. 123 140
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	12/111.	20		State(s):		
(Attach c					State Income Tax Return sta	tements)
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FINANCIAL SUPPORT						
List your sources of fir	nancial support	for the last	two (2) yea	ars:		
-	-					Hours Worked
From	To	Name and A	address of I	Employer(s)		(Per Week)
	1					
If not employed, List y	your financial re	esources:				
Source						Amount
000.00						\$
						\$
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HOME INFORMATION						
Do you rent or own?		OWN			olete copy of signed lease, p	
			owned by y YES		guardian for more than six (6	b) weeks during the
last two years?	YEAR:	20	YES	NO NO		
APPLICANT AFFIRMA	TION	20	11.5	110		
The following affirma		t must be co	mpleted a	nd signed befo	ore a Notary Public:	
I,					duly sworn, do hereby affirm	
					ion provided on this form an	
			-	_	derstand that providing false	information
knowingly will disqual	lify me from co	nsideration f	for New Yo	rk Resident Sta	atus.	
		-			Signature of Applicant	
Notary Public (Compl	ete, Sign, and S	Stamp)			6	
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		_			Signature of Notary	
Sworn to me before tl	his Day	of		, 20 (No	otary Public)	
Sworn to me before th	his Day	υI		, _U (INC	λαι γ Γ αυπο)	

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

Permanent Address: Length of time at this If less than 3 y From:	Last				Rela	tionstip to student:	
Length of time at this	address:		First		-		
If less than 3 y	: address:						
If less than 3 y	: address:	Street			City	State	ZIP
			Year		Months	Phone Number:	
From:	ears, List youi	r prior add	iresses	below:			
	То		Stree	et		City	State
CITIZENSHIP STATUS							
Are you a US Citizen?	YES NO						
Are you a US Permane		YES	NO	If yes, what is y	our registrat	ion number A#	(Attach Copy
Do you hold a Tempora			NO		•	Expiration Date	(Attach Copy
are you a Political Asyl	-	YES		If yes, attach co			(Attach copy
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