



State University of New York  
**Upstate Medical University**

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**Application for New York State Residency Status for Tuition Billing Purposes**

Student Accounts/Bursars Office  
155 Elizabeth Blackwell St  
Room 200, CAB  
Syracuse, NY 13210  
**Phone:** 315 464-5148  
**Fax:** 315 464-4648

All Information in Section A must be completed by all applicants. Section B must be completed if you are claiming INDEPENDENT status. Section C must be completed if someone other than you or your spouse claims you as a dependent for tax purposes.

**Date:**  

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**SECTION A (must be completed by all applicants)**

|                              |                             |                        |                      |
|------------------------------|-----------------------------|------------------------|----------------------|
| <b>Student ID:</b>           | <b>County of Residence:</b> | <b>Legal Address:</b>  |                      |
| <input type="text"/>         | <input type="text"/>        | <input type="text"/>   |                      |
| <b>Name: (First/MI/Last)</b> |                             | <b>City:</b>           |                      |
| <input type="text"/>         |                             | <input type="text"/>   |                      |
| <b>Telephone:</b>            |                             | <b>State/Province:</b> | <b>Postal Code:</b>  |
| <input type="text"/>         |                             | <input type="text"/>   | <input type="text"/> |
| <b>E-Mail Address:</b>       |                             | <b>Country/Region:</b> |                      |
| <input type="text"/>         |                             | <input type="text"/>   |                      |

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**Length of time at this address:**

**Years:**  **Months:**

**If less than three years, list your prior addresses below:**

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

**Local address and Telephone number (if different than above):**

**Address:**

City:  State:  Postal Code:   
 Telephone:

| Age:                 | Date of Birth:<br>Month/Day/Year                               | Marital<br>Status    | Citizenship   | If Other Please list<br>VISA type (attach<br>copy): |
|----------------------|--|----------------------|---|---|
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="checkbox"/> USA <input type="checkbox"/> Other | <input type="text"/>                                |

**If you are a permanent resident, alien registration number #A**

attach copy

**Are you an undocumented alien?**  Yes  No (Attach Expired Visa)

**Education**

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 completion:

Name of High School:  County:  State:

Did you attend this High School during both your junior and senior years?  Yes  No

Are you (or a parent) a member of the US Armed Forces on full-time active duty?  Yes  No  
 If yes, please submit a copy of the Home of Record or Military Orders.

Have you ever received a state award (TAP, Regents Scholarship, Empire State Fellowship Challenge)?  Yes  No If yes, from what Institution?

**Driver License and Vehicle Information**

Do you have a Driver's License  Yes  No If yes, in what state:

Date issued:  Do you own a car:  Yes  No If yes, State Registered:

Date Issued?

Will you be registering a vehicle with Parking Services?  Yes  No

If yes, state your car is registered?  attach copy

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

Where will you file for the current year?   
 attach copy of most recent signed Federal and State Income tax

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**SECTION B**

**Must be completed if you are claiming independent status. If you are financially dependent on your parents, please proceed to Section C. 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.**

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?

20\_\_\_\_\_  Yes  No

20\_\_\_\_\_  Yes  No

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

Where you or will you be claimed as a dependent on your parents federal or state income tax return for the prior or current year:

20\_\_\_\_\_  Yes  No

20\_\_\_\_\_  Yes  No

Amount of financial support provided to you by parents or guardian during the prior and current year?

20\_\_\_\_\_ \$ \_\_\_\_\_

20\_\_\_\_\_ \$ \_\_\_\_\_

Are you an emancipated minor or adult student who is financially independent from parental support?  Yes  No

If yes, when did you become independent?

**Month:**

**Year:**

List below your sources of financial income for the past two (2) years:

| <b>From:<br/>week:</b> | <b>To:</b> | <b>Name and Address of Employer:</b> | <b>Hours per</b> |
|------------------------|------------|--------------------------------------|------------------|
|------------------------|------------|--------------------------------------|------------------|

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If not employed please list your financial resources:

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## Affirmation

*The following statement must be completed and notarized 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 of New York status.**

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Signature of Applicant

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Sworn to Before me this \_\_\_\_\_ Day of \_\_\_\_\_,  
20\_\_\_\_\_

(Notary Public)

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### SECTION C

**To be completed by the parent or the custodial parent with whom the student lives or who will be claimed as your dependent for income purposes**

**Relationship:**

**Name: (First/MI/Last)**

**Telephone:**

**Permanent Address:**

**City:**

**State/Province:**

**Postal Code:**

E-Mail Address:

Country/Region:

Length of time at this address:

Previous address (if applicable):

Address:

City:

State:

Postal Code:

Citizenship:  USA  Other

If other, list visa type (Attach copy)

Please list states in which you filed or will file resident taxes during the last two years; current year: **(Attach copy of most recent Federal and State Income Tax)**

20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_

Do you have a Driver's License  Yes  No If yes, in what state:

Date issued:

Do you own a car:  Yes  No

If yes, State Registered:

Date Issued?

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## Affirmation

*The following statement must be completed and notarized before a Notary Public.*

**I hereby certify that the above applicant is applying with my knowledge for New York State residency status at SUNY Upstate Medical University.**

**STATE OF NEW YORK**

**COUNTY OF \_\_\_\_\_**

**I, \_\_\_\_\_, do hereby affirm that all of the information provided on this form and any attachments thereto, is accurate, complete and true to the best of my**

**knowledge.**

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**Signature**

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**Sworn to Before me this \_\_\_\_\_ Day of \_\_\_\_\_,  
20\_\_\_\_\_**

(Notary Public)