STATE UNIVERSITY OF NEW YORK
Application for New York State Residency Status
For Tuition Billing Purposes

Submit Completed Application and Supporting Documents to:
Student Accounts/Bursar’s Office
155 Elizabeth Blackwell St.
Room 200 CAB
Syracuse, NY 13210
Phone: 315-464-5148
FAX: 315-464-4648

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 yourself or your spouse claims you as a dependent for tax purposes or provides you with any financial support.
Section D must be completed by all applicants.

Section A

Last Name _______________________________   First Name_________________________ MI____
Student ID#_____________    Date of Birth______________   Age_____   Phone No.______________
Legal Address: Street Name: ______________________________________________________________________________
City: ______________________________  State: _______________ Zip Code: ___ ___ ___ ___ ___ - ___ ___ ___ ___
(Please attach copy of your lease)
Telephone Number (        ) __________ - ______________  E-Mail Address ____________________________
Length of time at this address (years/months).  _______ yrs  ________ mos.
(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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Local Address (if different from above) Street Name: ______________________________________________________
City: ______________________________  State: ______________ Zip Code: ___ ___ ___ ___ ___ - ___ ___ ___ ___
Are you a U.S. citizen? Yes___ No___ If you are a permanent resident of the U.S., list your alien registration number A__________ Date Issued: ___/___ (attach copy)

Are you here on a visa Yes___ No___ Type: ________Expiration Date:__________

Did you attend a New York high school for two or more years and graduate from that high school? Yes_____ No____ If yes, high school name and location _________________________________ Period of Attendance:_______________________ Graduation Date:_____________

Do you have a GED issued by NYS? Yes_____ No____ Date Issued:__________

Have you received financial aid from New York State TAP or other scholarships? □ Yes □ No

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

Do you have a driver’s license? □ Yes □ No

If yes, in what state was your license issued? _________________________________ Date Issued: ___ / ___ Driver’s License Number: ________________________(attach copy)

Do you own a car? □ Yes □ No If yes, what state is your car registered? ____________ License Plate Number: _______________ Registration Date: ___ / ___ (attach copy)

Are you a registered voter? □ Yes □ No

If yes, in what state are you registered? ________________ Registration Date: ___ / ___(attach copy)

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

Where will you file for the current year? ________________(copies upon request only)
Section B

This section must be completed if you are claiming independent status. Students provide evidence of one year of independent living in order to be considered emancipated. Individuals under the age of 22 are generally not eligible for independent status.

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

Amount of financial support provided to you by your parents or guardian:

Last year: 20____ $_____________________ Prior year: 20____$_______________________

Are you an emancipated minor or adult student who is financially independent from parental support? □ Yes □ No
If yes, when did you become independent? Date: ___ / ___ (Month/Year)

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Name and address of Employer</th>
<th>Hr/per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 permanently, 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: _______________ - ____________

Email address: __________________________________________________________________________________

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