



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.)

From To Street City State

Table with 5 columns: From, To, Street, City, State. Contains three empty rows for listing prior addresses.

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.

From	To	Name and address of Employer	Hr/per 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 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

