

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

From	To	Name and Address of Employer	Hours Worked per Week
_____	_____	_____	_____
_____	_____	_____	_____

If not employed, please list your financial resources:

Applicant's 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, and that all information provided on this form, and 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 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 in 2014.

Name _____ Relationship _____
Permanent Address _____

Street _____

City State Zip Code _____

Telephone Number: Home (____) _____ Business (____) _____

Length of time at this address (insert figures) _____ / _____
Years Months

Citizenship ___ US ___ Other If other, please specify _____

Please list states in which you filed, or will file, resident taxes during:
2012 _____ 2013 _____ 2014 _____

Affirmation:
I do hereby affirm that the above information provided is accurate, complete 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)
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 _____ day of _____



**Student Budget Form
For Application for Change of Residency for Tuition Purposes**

Complete this form only if you are an independent student under 24 years old.

_____ @ _____
Last Name, First Name Student ID

- Check appropriate box:
 I have my own apartment
 I share an apartment
 I live with a parent or other relative

Please itemize your expenses and income for the previous year:

- WINTER/SPRING (year) _____ provide information for prior January-December
 SUMMER/FALL (year) _____ provide information for prior 12 months

EXPENSES PER YEAR		RESOURCES PER YEAR	
Rent/Mortgage	\$ _____	Earnings	\$ _____
Utilities	\$ _____	Financial Aid	\$ _____
Food	\$ _____	Other Income	\$ _____
Transportation	\$ _____	(Please explain below)	
Personal	\$ _____		
Tuition	\$ _____		
Educational Supplies	\$ _____		
Other (explain below)	\$ _____		
TOTAL	\$ _____	TOTAL	\$ _____

Please use this section to explain any unusual circumstances:

Attach appropriate documentation to back up your financial independence.

Signature _____ Date _____