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

All information in Section A must be completed. Section B must be completed if you are an independent student. Section C must be completed if someone other than yourself or your spouse claims you as a dependent for tax purposes.

Section D must be notarized.

COPIES OF REQUIRED DOCUMENTS MUST BE SUBMITTED WITH APPLICATION: () APARTMENT LEASE, () NYS DRIVER LICENSE OR STATE ID, () FEDERAL & NYS INCOME TAX RETURNS & W-2

Section A

Social Security Number	County of Residence	·
Name		
Last	First	Middle
Legal Address Street		
City	State	Zip Code
Telephone Number ()		
Length of time at this address (ins From To Street	ert figures) / If less th Years / Months City	an three years, list your prior addresses below: State
Age Date of Birth	Marital StatusCitizenship	US Other If other, visa type:
If you are a permanent resident of	the US, list your alien registration r	number: A Date issued
Are you a first-time SUNY studer	nt Yes No Undergradua	te Graduate
Have you received a New York S (Tuition Assistance Program, Reg Have you had or will you be apply	ents Scholarship, Empire State Fello	owship Challenger)? Yes No ne Guaranteed Student Loan)? Yes No
Do you have a driver's license Date issued	_ Yes No If yes, in what state w Driver's License Number	as your license issued?
	No If yes, in what state is your car re Registration Date	gistered?
Are you a registered voter? Y If yes, in what state are you regist	ered? Registr	ration Date
In what state did you (or your spo	use) file resident taxes for 2013	Where will you file for 2014
Did you, or will you, live in an ap weeks during: 2014 Yes No 2015 _ Were you, or will you, be claimed 2014 Yes No 2015 _	parents, skip this section and have pa partment, house or building owned or YesNo d as a dependent on your parents' fec YesNo adult student who is financially inde	r leased by your parents for more than six (6) leral or state income tax return for:
Yes No		

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

From	То	Name and Address of Employer	Hours Worked per Week
If not empl	oyed, please	ist your financial resources:	
I do hereby and that all my knowle	information	am a resident of New York State and tha provided on this form, and attachments the tand that providing false information kno	t it is my intention to remain in New York State, hereto, is accurate, complete and true to the best of wingly will disqualify me from consideration for
Date		Signature	
Section C		person who claimed or will claim you as	a dependent for income tax purposes in 2014.
Name			Relationship
Permanent	Address		
Street			
	Number: Hor ime at this ad	ne ()Bu dress (insert figures) / Years Months Other If other, please specify	siness ()
		h you filed, or will file, resident taxes du 2013	ring: 2014
Affirmation I do hereby		ne above information provided is accurate	e, complete and true to the best of my knowledge.
Date		_Signature	
The follow	s Affirmation ing affirmation F NEW YORI	n statement must be completed and nota	rized before a Notary Public.
I, bona fide le attachments	egal resident o s thereto, is a	, the applicant herein domiciled in the State of New York, and ccurate, complete and true to the best of n	h, being duly sworn, do hereby affirm that I am a that all information provided on this form and any my knowledge.
Signature o	of Applicant		
Sworn to b	efore me this	day of	



Seventh Avenue at 27 Street New York City 10001-5992 www.fitnyc.edu

Administrative Office of the Bursar

Phone: 212-217-3720 Fax: 212-217-3721

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() SUMMER/FALL		provide information for prior January-December provide information for prior 12 months		
EXPENSES PER YE	AR	RESOURCES PER YEAR		
Rent/Mortgage	\$	Earnings \$		
Utilities	\$	Financial Aid \$		
Food	\$			
Transportation	\$	Other Income \$		
Personal	\$	(Please explain below)		
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 _____