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

All information in Section A must be completed.

Last year: ☐ Yes ☐ No

Prior year: ☐ Yes ☐ No

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	ı A					
Social Sec	curity Number		County of Residence			
Last Nam	ie		First Name	MI		
Street Na	me:					
City:		State:	Zip Code:			
Telephon	ie Number ()				
Length o	f time at this ac	ldress (insert figures) /	/ (If less than three years, list you	ur prior addresses below.)		
From	То	Street	City	Sta	ıte	
Local Add	dress (i <i>f differe.</i>	nt from above) Street Name:	:			
City:		State:	Zip Code:			
Age:	Date of Birth:	/ / Martial State	cus: Citizenship: 🗆 U.S.	. 🗆 Other If other, VISA Type:		
If you are	e a permanent r	esident of the U.S., list your	r alien registration number: A	Date Issued	l: /	
Have you	received financ	cial aid from New York State	e TAP or other scholarships? 🗆 Yes	s □ No		
Do you h	ave a driver's li	cense? Yes No If yes	s, in what state was your license issu	ued?		
Date Issu	ied: /	Driver's License Number	r:			
Do you o	wn a car? 🗆 Y	es 🗆 No If yes, what state	is your car registered?			
License P	late Number:	Regist	tration Date: /			
Are you a	a registered vot	er? 🗆 Yes 🗆 No If yes, in v	what state are you registered?	Registration Date	: /	
In what s	tate did you (or	your spouse) last file reside	ent taxes? Where	e will you file next year?		
Section	n B					
If financi	ally dependent	on your parents, skip this se	ection and have your parents comple	ete Section C.		
Did you o	_	n an apartment, house or bu	uilding owned or leased by your pare	ents for more than six (6) weeks du	ring the last	
Last year	: □ Yes □ No	Prior year: 🗆 \	Yes □ No			
Were you	or will you be	claimed as a dependent on y	your parents' federal or state income	e tax return:		

Are you an	emancipated r	ninor or adult student who is finan	ncially independent from parental support?	□ Yes □ No
If yes, when	did you beco	me independent? Date: / ((Month/Year)	
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List below y	our sources o	f financial support for the last two	(2) year.	
From	То	Name and Address of Employer		Hours Worked/Week
If not emplo	yed, please li	st your financial resources:		
				
Applicants A	Affirmation:			
provided on	this form, an	d attachments thereto, is accurate	d that it is my intention to remain in New Y and true to the best of my knowledge. I un n for New York State residency status.	
Date: /	Signatu	re:		
Section 0				
To be comp	leted by the p	erson who claimed or will claim yo	ou as a dependent for income tax purposes	last year.
Name			Relationship:	
Street Name	ı:			
City:		State:	Zip Code:	
Telephone N	Number: Hon	ne ()	Business ()	
Length of ti	me at this ado	ress (insert figures) / (Ye	ears/Months)	
Citizenship:	□ U.S. □ Ot	her If other, please specify:		-
Please list s	tates 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 ab	ove information provided is accura	ate and true to the best of my knowledge.	
Date: /	Signatu	re:		
Section [
Applicant's	Affirmation:			
The following	ıg affirmation	statement must be completed and	d notarized before a Notary Public:	
STATE OF N	EW YORK)		
) ss:		
			icant herein, being duly sworn, do hereby a ormation provided on this form and any att	

complete	and	true	to	the	hest	οf	mv	knowl	edae

Signature of Applicant						
Sworn to before me this date						
day of, 20						
Notary Public						

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