

State University of New York

Application for New York State Residency Status
For Tuition Billing Purposes

All applicants must complete all information in Section A. Section B must be completed if someone other than you or your spouse claims you as a Dependent for tax purposes or provides you with any financial support. Section C must be completed if you are claiming INDEPENDENT status.

Section A (must be completed by all applicants)

Student ID#	County of Residence:
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Name: Last	First	Middle
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Legal Address: Street	City	State	Zip
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Telephone Number:	E-mail Address:
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Length of time at this address: Years Months If less than three years, list your prior addresses below.

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From	To	Street	City	State

Local address and telephone number (if different from above):

Age:	Date of Birth: Month / Day / Year	Marital Status:
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Citizenship:	If other, list visa type (Attach Copy):
<input type="checkbox"/> USA <input type="checkbox"/> Other	

If you are a permanent resident, alien registration number #A:

(Attach Copy)

Are you an undocumented alien? Yes No (Attach Expired Visa)

Education

Did you attend a New York State high school or an approved New York State program for General Equivalency Diploma (GED) examination? Yes No If yes, year of graduation or completion _____

Name of High School _____ County _____ State _____

Did you attend this High School during both your junior and senior years? Yes No

Are you (or a parent) a member of the U.S. Armed Forces on full-time active duty? Yes No

If yes, please submit a copy of the Home of Record or Military orders.

Have you ever received a state award (TAP, Regents Scholarship, Empire State Fellowship)?
 Yes No If yes, from what Institution? _____

Driver License and Vehicle Information

Do you have a Driver's License? Yes No If yes, in what state: _____ (Attach Copy)

Date Issued: _____

Do you own a car? Yes No If yes, in what state is your car registered? _____ (Attach Copy)

Date issued: _____

Will you be registering a vehicle with Parking Services? Yes No

If yes, state registered: _____ (Attach Copy)

Plate Number: _____ Owner: _____ Registration Date _____ Month _____ Year _____

Voter Registration Information

Are you a registered voter? Yes No If yes, state of registration: _____

Registration date (Attach Copy): _____

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

Where will you file for the current year? _____ (Attach copy of most recent signed Federal and State Income Tax)

Section B

To be completed by the parent or the custodial parent with whom the student lives or who will be claimed as your dependent for income tax purposes.

Name: _____ Relationship: _____

Permanent Address: _____

Length of time at this address: _____ Telephone Number () ____ - ____

Previous Address: _____

Citizenship: _____ If other, list visa types (Attach Copy): _____

USA Other

Please list states in which you filed or will file resident taxes during the last two years; and current year: (Attach copy of most recent Federal and State Income Tax)

20__ _____ 20__ _____ 20__ _____

Do you have a Driver's License? Yes No If yes, in what state: _____ (Attach Copy)

Date issued: _____

Do you own a car? Yes No If yes, state registered? _____ (Attach Copy)

Date issued: _____

Affirmation for Section B

The following statement must be completed and notarized before a Notary Public.

I hereby certify that the above applicant is applying with my knowledge for New York State residency status at State University of New Paltz.

STATE OF NEW YORK

COUNTY OF _____

I, _____, do hereby affirm that all the information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge.

Signature

Sworn to before me this _____ Day of _____, 20____

(Notary Public)

Section C

Must be completed if you are claiming independent status. If you are financially dependent on your parents, Section B should be completed. Individuals under the age of 22 are generally not eligible for independent status.

Students must provide evidence of one year of independent living in order to be considered emancipated.

Did you or will you live in an apartment, house or building owned by your parents for more than six (6) weeks During the last two years?

20____ Yes No 20____ Yes No

Do you rent or own? Rent Own **(Attach copy of signed lease, deed, or tax bill)**

Were you or will you be claimed as a dependent on your parents federal or state income tax return for the prior And current year:

20____ Yes No 20____ Yes No

Amount of financial support provided to you by parents or guardian during the prior and current year:

20__ \$ _____ 20__ \$ _____

Are you an emancipated minor or adult student who is financially independent from parental support?

Yes No

List below your sources of financial income for the past two (2) years.

<u>From</u>	<u>To</u>	<u>Name and address of Employer</u>	<u>Hours Per Week</u>
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If not employed please list your financial resources:

Applicants Affirmation

The following 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 the information provided on this form and any 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 of New York status.

Signature of Applicant

Sworn to before me this _____ Day of _____, 20____

(Notary Public) _____