

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

PART A

1. Last Name _____ First Name _____ Middle Initial _____
2. Banner ID No. _____ Date of Birth _____ Phone
No. _____
3. Are you a U.S. citizen? Yes ___ No ___ Are you a permanent resident alien? Yes ___ No ___
Are you here on a visa Yes ___ No ___ Type: _____ Expiration Date: _____
4. 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: _____
5. Do you have a GED issued by NYS? Yes ___ No ___ Date Issued: _____

If you answered "yes to question 4 or 5 and are a U.S. citizen or permanent resident alien, you do not need to complete any further sections of this form.

If you answered "yes" to question 4 or 5 and do not currently have lawful immigration status but have filed an application to legalize your immigration status or will file such an application as soon as you are eligible to do so, you must complete Part B of this Application (affidavit) before a Notary Public.

If you answered "no" to question 4 or 5 and are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify for resident tuition, you must complete Part C of this Application.

To Be Completed by All Students

I certify that all information provided and all statements made in all sections of this Application are true and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain the resident tuition rate, SUNY may revoke its determination of eligibility for the resident tuition rate and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also may be subject to disciplinary action.

DATE: _____ STUDENT SIGNATURE _____

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PART B

STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

State of New York:

County of _____:

_____, being duly sworn, deposes and says
(Student's name)

that he/she does not currently have lawful immigration status but has filed an application to legalize his/her immigration status or will file such an application as soon as he/she is eligible to do so.

(Student's signature)

Sworn to before me this ____ day of

_____, 20__.

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PART C

Part C needs to be completed only if you answered "no" to questions 4 and 5 in Part A.

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 A

Banner ID Number _____ - _____ - _____ County of Residence _____

Last Name _____ First Name _____ MI _____

Street Name: _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone Number () _____ - _____

Length of time at this address (insert figures). ____ / ____ (If less than three years, list your prior addresses below.)

From To Street City State

From	To	Street	City	State

Local Address (if different from above) Street Name: _____

City: _____ State: _____ Zip Code: _____ - _____

Age: ____ Date of Birth: ____ / ____ / ____ Martial Status: _____ Citizenship: U.S. Other If other, VISA Type: _____

If you are a permanent resident of the U.S., list your alien registration number: A _____ Date Issued: ____ / ____

Have you received financial aid from New York State TAP or other scholarships? Yes No

Do you have a driver's license? Yes No If yes, in what state was your license issued? _____

Date Issued: ____ / ____ Driver's License Number: _____

Do you own a car? Yes No If yes, what state is your car registered? _____

License Plate Number: _____ Registration Date: ____ / ____

Are you a registered voter? Yes No If yes, in what state are you registered? _____ Registration Date: ____ / ____

In what state did you (or your spouse) last file resident taxes? _____ Where will you file next year? _____

Section B

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

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) year.

From	To	Name and Address of Employer	Hours Worked/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, 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: _____ - _____

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: _____