

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

All information in Section A must be completed by all applicants.

Section B must be completed if you are claiming independent status.

Section C 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 A (must be completed by all applicants)

Alfred ID _____ County of Residence _____

Name _____
Last First Middle

Legal Address _____
Street City State Zip Code

Telephone Number (____) _____ - _____ E-Mail Address _____

Length of time at this address ____ / ____ If less than three years, list your prior address below.
Years Months

From	To	Street	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Age _____ Date of Birth ____/____/____ Marital Status _____

Citizenship: _____ U.S. _____ Other _____ If other, List visa type: _____
(Attach Copy)

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.

Are you a first-time SUNY Alfred student? ____ Yes ____ No ____ Undergraduate ____ Graduate
____ Professional (Medical/Dental)

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

Have you had or will you be applying for a Stafford Loan (formerly the Guaranteed Student Loan)?
____ Yes ____ No

Driver License and Vehicle Information

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

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

Will you be registering a vehicle with University Police? ____ Yes ____ No
If yes, state your vehicle is registered? _____

(Attach Copy)

Plate Number _____ Owner _____ Registration Date ____ / ____

Voter Registration Information

Are you a registered voter? ____ Yes ____ No If yes, state are you registered? _____

Registration Date ____ / ____ (Attach Copy)
Month Year

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

Must be completed if you are claiming independent status. If you are financially dependent on your parents, please proceed to Section C. 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 or leased by your parents for more than six (6) weeks during the last two (2) years:

200 ____ Yes ____ No

200 ____ 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:

200 ____ Yes ____ No

200 ____ Yes ____ No

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

200 __ \$ _____

200 __ \$ _____

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

_____ Yes _____ No

If yes, when did you become independent? _____ / _____
Month Year

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

From	To	Name and Address of Employer	Hours Per Week

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 for New York State residency status.

Signature of Applicant

Sworn to before me this _____ Day of _____, 200__

(Notary Public)

Section C

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

Name _____ Relationship _____

Permanent Address _____

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

Previous address _____

Citizenship: _____ U.S. _____ Other _____ If other, Visa type _____

Please list states in which you filed or will file resident taxes during the last two (2) years; and current year: **(Attach copy of most recent Federal and State Income Tax)**

200 _____ 200 _____ 200 _____

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 _____ **(Attach Copy)**

Date issued: _____

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

Affirmation:

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

Date ____ / ____ / ____ Signature _____

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.

Date _____ Signature of Parent/Guardian _____

Sworn to before me this _____ Day of _____, 200__

(Notary Public)