

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

Section A - All information must be completed by the applicant.
Section B - This section must be completed if you are claiming INDEPENDENT status.
Section C - This section must be completed if you were reported as a dependent on another person's Tax returns or if you are not financial supporting yourself.

Please Note: It is imperative that you submit your completed application by the established deadline. For further details on deadline date see page 4.

SECTION A (Must be Completed by All Applicants)

Student ID#: _____ County of Residence: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: _____ E-Mail Address: _____

Length of time at this address: _____ *If less than three years, list prior addresses below.*
Years / Months

From	To	Street Address	City	State	Zip Code

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

Age: _____ Date of Birth: _____ Marital Status: _____
Month/Day/Year

Citizenship: USA 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 a General Equivalency Diploma (GED) examination? Yes No

If yes, year of graduation or completion of Diploma Requirements: _____

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 and Empire State Fellowship Challenger)? Yes No If yes, list the institution _____

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 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 informatin knowingly will disqualify me from consideration of New York Residency status.*

Signature of Applicant

Sworn to before me on this _____ day of _____ 20__

(Notary Public Seal)

SECTION C

This section is to be completed by the parent or the custodial parent with whom the student lives or who will claim student as adependent for income tax purposes.

Name: _____ Relationship: _____

Permanent Address: _____

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

Citizenship: ___USA ___Other If other, list visa type : _____, **(Attach Copy)**

current year: 20__ State _____/20__ State _____/20__ State _____

(Attach copy of most recent Federal and State Income Tax)

Do you have a Driver's License? ___Yes ___No If yes, list the issuing state: _____

Date Issued: _____ **(Attach Copy)**

Do you own a car? ___Yes ___No

If yes, list the state your car is registered: _____ Date Registered: _____ **(Attach Copy)**

AFFIRMATION

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 Farmingdale State University.

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 of Applicant

Sworn to before me on this _____ day of _____, 20____

(Notary Public Seal)

Note: Please review the procedures for **Establishing New York State Residency** to ascertain your eligibility. If you feel that you meet the eligibility requirements, ***please submit your application, signed and notarized, along with three supporting documents*** to the Student Accounts Office, located in Laffin Hall, Room No. 226.

Late Submissions: Applications received after the established deadline will be considered for the next semester.

Application Deadline

- Fall Semester.....September 30th**
- Spring Semester.....February 22nd**
- Summer Semester....July 1st**