

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 financially supporting yourself.

Please note: It is imperative that you submit your completed **application** by the establish **deadline**, for further details see page (4) four.

SECTION A (must be completed by all applicants)

Student ID#:		County of Residence:		
Name:	Last	First	Middle	
Legal Address:	Street	City	State	Zip
Telephone Number:		E-Mail Address:		
Length of time at this address: _____ <i>If less than three years, list prior addresses below.</i>				
Years / Months				
From	To	Street	City	State
Local address and telephone number (if different from above):				
Age:	Date of Birth: _____ / _____ / _____		Marital Status:	
	Month	Day	Year	
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you (or a parent) a member of the U.S. Armed Forces on full-time active duty? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the 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 Campus Police? Yes No

If yes, state registered: _____ Plate Number: _____ (Attach Copy)

Name of the registered owner: _____ Registration Date: _____
Month / Year

VOTER REGISTRATON INFORMATION

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

Registration date: _____ (Attach Copy)

List the state where you (or your spouse) filed 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 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

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

List below your sources of financial income for the past 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 of New York status.

Signature of Applicant

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

(Notary Public Seal)

SECTION C

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

Name: _____ Relationship: _____

Permanent Address: _____

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

Previous Address: _____

Citizenship: USA Other If other, list visa type _____ (Attach Copy)

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

20__ State _____ 20__ State _____ 20__ State _____
Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the issuing state _____ (Attach Copy) Date issued _____
Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the state your car is registered in _____ (Attach Copy) Date issued _____
AFFIRMATION
<p>The following statement must be completed and notarized before a Notary Public.</p> <p>I hereby certify that the above applicant is applying with my knowledge for New York State residency status at Farmingdale State University.</p> <p>STATE OF NEW YORK COUNTY OF _____</p> <p><i>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.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant</p> <p>Sworn to before me on this _____ day of _____, 20__</p> <p>(Notary Public Seal)</p>

Please note: Please review the Procedures for Establishing 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#226.

Late Submissions: Application 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