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)

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>County of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Length of time at this address:_________ **If less than three years, list prior addresses below**.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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 *(If yes, please submit a copy of the Home of Record or Military Orders)*

Are you (or a parent) a member of the U.S. Armed Forces on full-time active duty? ____Yes ____No

Have you ever received a State Award (TAP, Regents Scholarship and Empire State Fellowship Challenger)? ____Yes ____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:________________________________ 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 Campus Police?  ____Yes   ___No       Plate Number:_________

Name of the registered owner: ________________________ Registration Date:________________________

**VOTER REGISTRATION 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 your taxes for the current year?_________________________________________________

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

---

**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:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Name and Address of Employer</th>
<th>Hours Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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 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 dependent 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)

Page 3 or 4                                                                                     NYS Residency Application ’12
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