

## 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 No		perative that you submit y her details on deadline da		application by th	e establishe	ed deadline.		
		SECTION A (Must b	e Completed by	All Applicants)				
Student ID	D#:		County of Re	sidence:				
		Last	Firs	t	Middle			
Name:		Street	City		State	Zip Code		
Address:		Jueet	City		State	Zip code		
Telephone Number:			E-Mail Address:					
Length of	time at this	address:	If less than three	years, list prior d	addresses be	elow .		
F	<b>-</b> -	Years / Months		6.1	Cl - l -	<b>7</b> ' - 0 - 1 -		
From	То	Street Address	; 	City	State	Zip Code		
1 1   -			at frage silvers					
Local addr	ress and tele	phone number ( <i>if differe</i>	nt from above ):					
Age:		Date of Birth:	onth/ Day / Year	Marital Stat	tus:			
Citizenship	p: USA		er, list visa type_		(Att	ach Copy )		
If you are	a permanen	t resident, alien registrat	ion number #A: _		(At	tach Copy )		
Are you ar	n undocume	nted alien? Yes	No	(Attach Expired	Visa )			
					•			
<b>EDUCAT</b>	ION							
-		York State High School or		ew York State Pro	ogram for a	General		
Equivalen	cy Diploma (	GED) examination?	YesNo					
If yes, yea	r of graduati	on or completion of Dipl	oma Requiremer	nts:				
Name of H	ligh School _		Count	y Sta	ite	<del></del> -		
Did you at	tend this Hi	gh School during both yo	ur junior and sen	ior years?	Yes	_ No		
Are you (c		a member of the U.S. Arm res, please submit a copy o				sNo		
Have you	ever receive	d a State Award (TAP, Re	egents Scholarsh	ip and Empire S	State Fellow	ship Chal-		
lenger)?	Yes	No If yes, list the	ne institution					

			E INFORMATION	ON			
	e a Driver's	License?	Yes	No			
If yes, in wh				Date issued	l:		( Attach Copy )
Do you owi	n a car?	Yes	No				
If yes, in wh	nat state is y	our car regist	ered?		Date issu	ıed:	( Attach Copy )
Will you be	registering	a vehicle with	Campus Police?	Yes _	No	Plate Number	·
Name of th	e registered	owner:		Re	gistratio	n Date:	
	Month / Year						
VOTER R	EGISTRAT	ON INFORM	MATION				
Are you a r	egistered vo	ter?Ye	sNo If y	es, State of	Registra	tion:	
Registration	n date:			( Attach Cop	y)		
List the sta	te where you	u (or your spo	ouse) filed reside	nt taxes for t	the last	two years:	
Where will y	ou file your t	axes for the cu	ırrent year?				
( Attach cop	y of most rec	ent signed Fed	deral and State Inc	come Tax Ret	urns )		
			SECTIO	ON B			
Must be completed if you are claiming independent status. If you are financially dependent on your							
parents, ple	ease proceed	d to Section C	. Individuals und	ler the age o	of 22 are	generally not e	ligible 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 duri	ng the last to	wo years?	20 Yes	No /	/ 20 <u> </u>	Yes	_ No
Do you rent or own?RentOwn (Attach copy of signed lease, deed, or tax bill)						c bill )	
Were you or will you be claimed as a dependent on your parents' Federal or State income tax return for							
the prior ar	nd current ye	ear?	20Ye	sNo /	/ 20	Yes	_No
Amount of financial support provided to you by parents or guardian during the prior and current year:							
		\$	/	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		e and Address of			Hours Per V	Veek
If not amal	oved places	lict your fina	ncial recourses:				
In not empi	oyeu, piease	: iist your iilid	ncial resources:_				

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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 Residencey status.						
Signature of Applicant						
Sworn to before me on thisday of20						
( 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:USAOther 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?YesNo If yes, list the issuing state:						
Date Issued: (Attach Copy)						

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Date Registered:

(Attach Copy)

No

Do you own a car?

\_\_\_\_Yes

If yes, list the state your car is registered:

## **AFFIRMATION**

The joilowing statement must be completed and notarized bejore a Notary Public.				
I hereby certify that the above applican Status at Farmingdale State University.		th my knowled	ge for New York State Residency	
STATE OF NEW YORK COUNTY OF	_			
I,				
this form and any attachments thereto, knowledge.	is accurate, co	emplete and tru	e to the best of my	
			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