



**State University of New York**  
**Application for New York State Residency Status**  
**For Tuition Billing Purposes**

\* *MUST BE SUBMITTED PRIOR TO START OF SEMESTER*

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)

|               |                      |
|---------------|----------------------|
| 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: | Years | / | Months | If less than three years, list your prior addresses below. |
|---------------------------------|-------|---|--------|--|

|      |    |        |      |       |
|------|----|--------|------|-------|
| From | To | Street | City | State |
|      |    |        |      |       |
|      |    |        |      |       |
|      |    |        |      |       |
|      |    |        |      |       |

|   |  |
|---|--|
| 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 ( <b>Attach Copy</b> ): |
|--------------|-----|-------|--|

|  |  |               |
|--|--|---------------|
| 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 your "Leave and Earnings" statement.

Have you ever received a state award (TAP, Regents Scholarship, Empire State Fellowship challenger)?  
 Yes      No      If yes, from what 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 Parking Services?      Yes      No  
 If yes, state registered: \_\_\_\_\_ (Attach Copy)

Plate Number: \_\_\_\_\_ Owner: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
 Month / Year

**Voter Registration Information**

Are you a registered voter?      Yes      No      If yes, state of registration: \_\_\_\_\_  
 Registration date (Attach Copy) : \_\_\_\_\_

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 Taxes)

**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.

| <u>From</u> | <u>To</u> | <u>Name and address of Employer</u> | <u>Hours Per Week</u> |
|-------------|-----------|-------------------------------------|-----------------------|
|             |           |                                     |                       |
|             |           |                                     |                       |
|             |           |                                     |                       |

If not employed please list your financial resources:

---

---

**Section C Applicant's Affirmation (MUST be completed by all applicants)**

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 this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

(Notary Public)

## Section D

To be completed by the parent or the custodial parent with whom the student lives or who will be claimed as your 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; and current year: (**Attach copy of most recent signed Federal and State Income Taxes**).

20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_

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, state registered? \_\_\_\_\_ (**Attach Copy**)

Date issued: \_\_\_\_\_

### 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 Fredonia.

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

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

(Notary Public)