

State University of New York Application for New York State Residency Status/ Resident Tuition

PART A:

Must be filled out by all applicants.

1. Last Name: _____ First Name: _____ Middle Name: _____
2. Student ID: _____ Date of Birth: _____ Phone Number: _____

3. Are you a U.S. citizen? Yes: _____ No: _____
Are you a permanent resident alien? Yes: _____ No: _____
Registration Number #A _____ (attach copy)
Are you here on a visa? Yes: _____ No: _____
Type: _____ Expiration Date: _____ (attach copy)

4. Did you a) attend a New York high school for two or more years *and* b) graduate from that high school *and* c) apply to SUNY within five years of graduation? Yes: _____ No: _____ (a,b, and c all need to be yes in order to mark yes)
If yes, High school name: _____
High school location (city & state): _____
Period of Attendance: _____ Graduation date: _____

5. Do you have a GED issued by NYS? Yes: _____ No: _____ Date Issued: _____

If you answered “yes” to question 4 or 5 and are a U.S. citizen or permanent resident, after signing the certification below, you do **not** need to complete any further sections of this form.

If you answered “yes” to question 4 or 5 and do not currently have lawful immigration status but have filed an application to legalize your immigration status or will file such an application as soon as you are eligible to do so, **you must complete Part B** of this application (affidavit) before a Notary Public.

If you answered “no” to question 4 or 5 and are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify you for resident tuition, **you must complete Part C** of this application and have the application notarized.

To be completed by all students

I certify that all information provided and all statements made in all sections of this application are true and correct to the best of my knowledge. I understand that if I provide false information or withhold relevant information in order to obtain the resident tuition rate, SUNY may revoke its determination of eligibility for the resident tuition rate and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also may be subject to disciplinary action.

Student Signature: _____ Date: _____

PART B: Student Affidavit of Intent to Legalize Immigration Status

To be filled if question 4 or 5 from Part A is yes and you do not currently have lawful immigration status but have filed an application to legalize your immigration status or will file such an application as soon as you are eligible to do so.

STATE OF NEW YORK:

COUNTY OF _____:

_____, being duly sworn, deposes and says
(Student's name)

that he/she does not currently have lawful immigration status but has filed an application to legalize his/her immigration status or will file such an application as soon as he/she is eligible to do so.

(Student's signature)

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

(Notary Public)

PART C: SECTION 1

To be filled out if question 4 or 5 from Part A is no, and you are a U.S. citizen, permanent resident alien or have a visa type eligible to qualify for resident tuition. Students who fill out Part C, Section 1 should also fill out *either* Part C, Section 2 or Section 3 depending on their if they are financially dependent or independent.

Telephone Number: _____ Email address: _____

Address: _____

Street City State Zip

Length of time at this address: Years: _____ Months: _____

If less than three years, list your prior addresses below:

From	To	Street	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever received a state award (TAP, Regents Scholarship)?

Yes: _____ No: _____ If yes, what institution? _____

Driver's 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 the University Policy? Yes: _____ No: _____

If yes, state registered: _____ (attach copy)

Voter Registration Information:

Are you a registered voter?

Yes: _____ No: _____ If yes, state of registration: _____ Registration date: _____ (attach copy)

PART C: SECTION 2

To be filled out if you are claiming independent status. **If you are financially dependent on your parents, proceed to Part C, Section 3.** 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 a copy of signed lease, deed, or tax bill)
Were you or will you be claimed as a dependent on your parent's federal or state income tax return for the prior or 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: _____

In what state did you (or your spouse) file resident taxes for the last two years?

20____ State: _____
20____ State: _____

Where will you file for the current year? _____ (attach a copy of most recent federal and state income tax)

List below your sources of financial income for the past 2 years:

From	To	Name and Address of Employer	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not employed, please list your financial resources:

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 before me this _____ Day of _____, 20____

(Notary Public)

PART C: SECTION 3

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 via type: _____ (attach copy)

Please list the states in which you filed or will file taxes during the last two years, and 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, in what state: _____ Date Issued: _____ (attach copy)

Do you own a car? Yes: No: If yes, state registered: _____ Date Issued: _____ (attach copy)

Parent/custodial parent's 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 SUNY Delhi

STATE OF NEW YORK

COUNTY OF _____

I, _____ do hereby affirm that all the information provided on this form and any attachments thereto, are accurate, complete and true to the best of my knowledge.

Signature of Applicant

Sworn to before me this _____ Day of _____, 20____

(Notary Public)