

STATE UNIVERSITY OF NEW YORK  
Application for New York State Residency Status  
For Tuition Billing Purposes

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)

Alfred ID \_\_\_\_\_ County of Residence \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Legal Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Length of time at this address \_\_\_\_ / \_\_\_\_ If less than three years, list your prior address below.  
Years Months

From To Street City State  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local address and telephone number (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status \_\_\_\_\_

Citizenship: \_\_\_\_\_ U.S. \_\_\_\_\_ 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 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 (a parent or spouse) a member of the U.S. Armed Forces on full-time active duty? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please submit a copy of the Home of Record or Military Orders.

Are you a first-time SUNY Alfred student? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Undergraduate \_\_\_\_ Graduate  
\_\_\_\_ Professional (Medical/Dental)

Have you received a state award (TAP, Regents Scholarship, Empire State Fellowship Challenger)?  
\_\_\_\_ Yes \_\_\_\_ No If yes, from what Institution \_\_\_\_\_

Have you had or will you be applying for a Stafford Loan (formerly the Guaranteed Student Loan)?  
\_\_\_\_ Yes \_\_\_\_ No

**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 University Police? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state your vehicle is registered? \_\_\_\_\_  
(Attach Copy)

Plate Number \_\_\_\_\_ Owner \_\_\_\_\_ Registration Date \_\_\_\_ / \_\_\_\_

**Voter Registration Information**

Are you a registered voter? \_\_\_\_ Yes \_\_\_\_ No If yes, state are you registered? \_\_\_\_\_

Registration Date \_\_\_\_ / \_\_\_\_ (Attach Copy)  
Month Year

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 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 or leased by your parents for more than six (6) weeks during the last two (2) 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 last 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 for New York State residency status.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
(Notary Public)

**Section C**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Do you rent or own? \_\_\_\_\_ Rent \_\_\_\_\_ Own (attach copy of signed lease, deed, or tax bill)

Length of time at this address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Previous address \_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_ U.S. \_\_\_\_\_ Other If other, Visa type \_\_\_\_\_

Please list states in which you filed or will file resident taxes during the last two (2) years; and current year:  
**(Attach copy of most recent Federal and State Income Tax)**

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, in what state \_\_\_\_\_ (Attach Copy)

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

The following statement must be completed and notarized before a Notary Public.

Affirmation:

I hereby certify that the above applicant is applying with my knowledge for New York State residency status at SUNY Alfred.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

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.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_  
(Notary Public)