Application for New York State Residency Status
For Tuition Billing Purposes

Return fully completed form with attachments (if applicable) as noted on the bottom of page 4.

SECTION A - Must be completed by ALL applicants. Section B or C (whichever is applicable) must also be completed.

I am applying for New York resident tuition for the ______(year) ______(semester).

Last Name __________________________ First Name __________________________ MI _______

Street Address ________________________________________________________________

City __________________________ State __________ Zip Code _______ _______ _______- _______ _______

County of Residence ___________________________________________________________

Student ID# __________________ Telephone Number ( ) __________________________ - ________________

Length of time at above address (Months/Years): ______/______ (If less than 3 years, list your prior addresses below.)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>House # / Street / City / State / Zip</th>
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Local Address (if different from above) Street Address: __________________________________________________________

City __________________________ State _______ Zip Code _______ _______ _______- _______ _______

Age _______ Date of Birth ______/______/_____ Marital Status ___________________________

Citizenship  U.S. ___ Other ___ If “Other”, VISA Type: __________ Expiration Date ______/______/_____ 

If you are a permanent resident, list your alien registration number: A __________________ Date Issued: ___/___

Are you or a parent a member of the United States Armed Forces on full-time active duty? Yes_____ No_____

If yes, please attach a copy of home of record or military orders

EDUCATION

Did you attend a New York State high school or complete an approved New York State High School Equivalency (HSE) program (General Equivalency Diploma (GED) or Test Assessing Secondary Completion (TASC))?

Yes_____ No_____ If yes, graduation or completion month & year ________________________________

High school name, city & state ____________________________________________________________

Have you already submitted a copy of your high school/HSE transcripts or diploma to the Admissions Office?

Yes_____ No_____ 

If no, attach copy of transcript or diploma from your NYS high school or, for HSE, NYS Education Department.
SECTION A - Continued

Have you previously attended SUNY Polytechnic Institute or SUNY Institute of Technology? Yes_____ No_____  
If yes, please indicate your level of study. Undergraduate_____________ Graduate______________

Have you ever received a NY state award (TAP, Regents Scholarship, Empire State Challenger Fellowship, etc.)?  
Yes_____ No_____

If yes, name of institution where received_________________________________________

DRIVER AND VEHICLE INFORMATION

Do you have a current, valid driver’s license? Yes___ No___  If yes, attach a copy of your license

Do you own a car? Yes___ No___  If yes, attach a copy of your current vehicle registration

VOTER REGISTRATION INFORMATION  (not required for non-US citizens / permanent residents)

Are you a registered voter? Yes___ No___  If yes, attach a copy of voter registration

TAX FILING INFORMATION

Please list the state in which you filed or will file resident taxes for:

Last year ________________  2 years ago ________________  3 years ago ________________

In what state do you plan to file resident taxes for the current year? ________________

Attach a signed copy of your most recently submitted federal and state tax returns

Please proceed to next page to complete section B or C
SECTION B - Must be completed if student is 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 (independent).

Did you live in an apartment, house, or building owned or leased by parents/family members for more than six weeks in the last 24 months? Yes___ No___ If yes, start date_______ end date_______ of most recent stay.

Do you rent or own your residence? Rent___ Own___

Attach signed leases (for last 12 months), deed, or tax bill

Were you or will you be claimed as a dependent on a parent’s federal or state income tax return for:
   Last year: Yes___ No___ 2 years ago: Yes___ No___

Are you an emancipated minor or adult student who is financially independent from parental support?
   Yes___ No___
   If yes, please provide month & year of when you became independent: ____________________________

List below your sources of financial support for the last 24 months:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Name and address of Employer or general information about source(s) of income</th>
<th>Hours / Week</th>
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APPLICANT’S AFFIRMATION

The following statement must be completed and notarized in the presence of a Notary Public.

STATE OF _________________________________ 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. IN UNDERSTAND THAT PROVIDING FALSE INFORMATION KNOWINGLY WILL DISQUALIFY ME FROM CONSIDERATION FOR NEW YORK RESIDENT STATUS.

Signature of Applicant _________________________________

Notary Public: Sworn to me this __________ day of ________________________, 20________

Signature __________________________________________________________
SECTION C - Must be completed if someone other than the student or student’s spouse claims them as a dependent for tax purposes. 

To be completed by the person who claimed or will claim the student as a dependent for income tax purposes last year.

Name ________________________________________________________ Relationship: __________________________

Permanent Address: ____________________________________________

City: __________________________ State: __________________ Zip Code: ________________ - ________________

Telephone Number: Home ( ) ____________ - ____________ Business ( ) ____________ - ____________

Length of time at permanent address (Months/Years): ______ / ______

Citizenship: U.S. ___ Other ___ If other, please specify visa type: ________________________________

Please list state in which you filed or will file resident taxes for:

Last year ____________ 2 years ago ____________ 3 years ago ____________

Attach a signed copy of your most recently submitted federal and state tax returns

DRIVER AND VEHICLE INFORMATION

Do you have a current, valid driver’s license? Yes___ No___ If yes, attach a copy of your license

Do you own a car? Yes___ No___ If yes, attach a copy of your current vehicle registration

PARENT / GUARDIAN AFFIRMATION

The following statement must be completed and notarized in the presence of a Notary Public.

STATE OF __________________________ 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 Parent / Guardian ________________________________________________

Notary Public: Sworn to me this ____________ day of __________________________, 20 ______

Signature ________________________________________________

Mail completed form (Section A and Section B or C and attachments) to:

Student Accounts, SUNY Polytechnic Institute, 100 Seymour Rd Utica NY 13502 or Fax: 315.792.7802