

State University of New York
Application for New York State Residency Status
For Tuition Billing Purposes
Morrisville State College - Office of Student Accounts

Instructions: 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. You may enclose a cover letter if you wish.

Section A

Semester and Year You are Applying for Recognition of Residency Semester: _____ Year: _____

Your Social Security Number _____ - _____ - _____

Name (last) _____ (first) _____ (middle) _____

Legal Address (street) _____

(City) _____ (State) _____ (zip code) _____

County of Residence _____ Telephone Number (____) ____ - ____

Length of time at this address (years) _____ / (months) _____ If less than three years, list your prior addresses below.

From (mo/year)	To (mo/year)	Street City State

Local Address (street) _____

(city) _____ (state) _____ (zip code) _____

Age _____ Date of Birth ____/____/____ Marital Status _____ Citizenship: U.S. Other

If other, visa type: _____ **(Attach Copy)**

If you are a permanent resident of the U.S., list your alien registration number:

A# _____ Date issued ____/____/____ **(Attach Copy)**

Are you an undocumented alien? Yes No **(Attach Copy of Expired Visa)**

Are you a first-time SUNY student? Yes No Are you: Undergraduate Graduate

Professional (Med./Dent./Law)

Are you receiving an assistantship or fellowship? Yes No

If yes, what type? GA TA RA Fellowship (If yes, attach copy of tuition waiver)

Have you received a state award (Tuition Assistance Program (TAP), Empire State Fellowship Challenger)? Yes No

Have you had or will you be applying for a Direct Loan? Yes No

Driver License and Vehicle Information

Do you have a driver's license? Yes No If yes, in what state? _____ (Attach Copy)

Date issued: ____/____/____ Driver's License Number _____

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 University Police? 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, in what state are you registered? _____ 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 Tax)

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

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 the Home of Record or Military Orders.

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: 2011? Yes No 2010? 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:2011? Yes No 2010? Yes No (If yes, attach copy of most recent signed Federal & State Income Tax)

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 support for the last two(2) years.

From (mo/year)	To (mo/year)	Name & Address of Employer	Hours Worked Per Week

If not employed, please list your financial resources:

Applicant's Affirmation of information in Section B

I do hereby affirm that I am a resident of New York State and that it is my intention to remain in New York State, and that all information provided on this form, and attachments thereto, are accurate, complete and true to the best of my knowledge. I understand that knowingly providing false information will disqualify me from consideration for New York State residency status.

Date: ___/___/___ Signature_____

Section C

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(street) _____

(city) _____ (state) _____ (zip code) _____

Telephone Number: Home(____) _____ Business(____) _____

Length of Time at this address: years ____/months ____

Citizenship: U.S. Other

If other, please specify _____

Please list states in which you filed or will file resident taxes during:

2011 _____ 2010 _____ 2009 _____

If filed in New York State, attach copy of most recent signed Federal and State Income Tax.

Affirmation of Information in Section C

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

State of _____)

County of _____) ss: _____

I, _____, being duly sworn, do hereby affirm my relationship to the applicant is that of _____ and that all 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 me this _____ day of _____, 20 ____

Notary Public _____

Section D

Applicant's Affirmation

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

State of New York)

SS: _____

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 information provided on this form and any attachments thereto, accurate, complete and true to the best of my knowledge.

Signature of Applicant _____

Sworn to me this _____ day of _____, 20____

Notary Public _____