

**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. Copies for all back up documentation should be included with application (**Section B is student information, Section C Custodial Parent, Legal Guardian, or Spouse information – be sure to include copies of documentation for proof**).

**Section A - Student Must Complete – Please provide copies of documentation**

Semester and Year You are Applying for Recognition of Residency Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Your Student ID 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. **(Please include copies of rental/lease, mortgage agreements)**

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 – Attach a copy (Section B Student, Section C Parent Guardian or Spouse)**

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 - Attach a copy (Section B Student, Section C Parent, Guardian or Spouse)**

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 - Student**

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 - Student Completes if Claiming Independent Status**

**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: 2018? Yes  No  2017? 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:2018? Yes No  2017? 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, provide proof**)

If yes, when did you become independent? (month)\_\_\_\_/(year)\_\_\_\_\_

List below your sources of financial support for the last two(2) years. (**Include paystubs or W2s**)

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 - Student**

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 – Custodial Parent, Guardian, or Spouse**

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. **Be sure to include copies of all back up documentation, Driver's License, etc.**

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:

2017 \_\_\_\_\_ 2016 \_\_\_\_\_ 2015 \_\_\_\_\_

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

**Affirmation of Information in Section C – Custodial Parent, Guardian, or Spouse**

*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 - Student**

**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 \_\_\_\_\_