



# SUNY DOWNSTATE Medical Center

450 Clarkson Avenue, MSC 41,  
Brooklyn, New York 11203

## Instructions to Apply for New York State Residency for Accepted Graduate School Applicants

NOTE: ALL DOCUMENTATION SUBMITTED MUST PERTAIN TO THE LAST 12 MONTHS. SUBMIT PHOTOCOPIES, DO NOT SUBMIT ORIGINAL DOCUMENTS. RETURN A COPY OF THIS SHEET WITH YOUR DOCUMENTS. WE WILL ONLY REVIEW A COMPLETE APPLICATION PACKAGE.

The State University of New York's residency policy states: "...an individual University registrant will be considered a New York State resident and be charged in-state tuition rates when that individual is determined to have had a New York State domicile (i.e., a permanent and principal home in New York. A Residence Hall is not generally considered a permanent home) for a 12 month period prior to registration. Persons who do not meet this 12 month durational requirement will be presumed to be out-of-state residents and should be charged out-of-state tuition rates unless satisfactory proof is presented to show that domicile in New York State has, in fact, been established, notwithstanding the durational requirement."

Institutional Policy: The determination of New York State residency is not based on any one item of documentation. Instead, a number of items are reviewed to verify residency status.

Accepted Applicants who wish to be considered for New York State Residency status must submit documentation to The School of Graduate Studies, 450 Clarkson Avenue, MSC 41, Brooklyn, NY 11203, or to BSB 3-114A if you are on campus.

1. Only complete applications will be reviewed. A complete application consists of the attached SUNY Application for New York State Residency Status and required documentation as listed below. Return a copy of this sheet with the letters circled below as directed.
2. Photocopy all of your supporting documents and submit the entire package (application form + documents) to the Graduate School. Items submitted separately will not be reviewed, and this will delay a decision on your tuition status for registration.

Please note: The Committee on New York State Residency Status for Tuition Billing Purposes reserves the right to request any and all documentation needed to determine residency status.

1. All applicants must submit either A or B below (place a circle around the letter of your choice):
  - a. If you are an Emancipated Student (not financially dependent on another)  
Copies of your most recent Federal and New York State income tax forms. If you have not yet filed your income tax return for the current year, submit a copy of the previous year's return and a copy of your W-2 forms for the current year.
  - b. If you are an Un-Emancipated Student (declared as a dependent on income taxes)  
Copies of your parent's or legal guardian's most recent Federal and New York State income tax forms.
2. All applicants must submit AT LEAST THREE (3) items from list a to e below. Place a circle around the alphabet letter of the items you are submitting (at least 3):
  - a. A notarized copy of your lease or deed in your name and copies of canceled checks or rent receipts covering the prior 12 months.
  - b. Copies of utility bills for 12 prior consecutive months, addressed to you. Utility bills include gas and/or electric only.
  - c. A notarized copy of your New York State driver's license and car registration (or New York State Non-License for Identification purposes).
  - d. A notarized copy of your New York State Voter Registration Card.
  - e. Proof that you are a member of the U.S. Armed Services while you are on full-time active duty in New York State; or that you are a dependent/spouse of a member of the U.S. Armed Services on active duty in New York State.
  - f. Non-United States Citizens: If you are not a U.S. Citizen or permanent resident of the U.S., you must also provide proof of your immigration status with a photocopy of an official immigration letter or document. Please note: Students on temporary Immigration status are generally not eligible for NYS Residency for tuition purposes.



SUNY  
**DOWNSTATE**  
Medical Center

**Application for  
New York State Residency Status for  
Tuition Billing Purposes**

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**Section A: All information in Section A must be completed**

College/Program: \_\_\_\_\_

SSN: \_\_\_\_\_ County of Residence: \_\_\_\_\_

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

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email

Length of time at this address (insert figures): \_\_\_\_\_ / \_\_\_\_\_  
Years Months

If less than three years, list your prior addresses below

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**Address 1**

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip

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**Address 2**

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip

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**Address 3**

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Street

---

Apt. Number

---

City

---

State

---

Zip

---

**Local Address (if different from above)**

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Street

---

Apt. Number

---

City

---

State

---

Zip

Age: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Citizenship: ☐ US ☐ Other (if other; visa type): \_\_\_\_\_

If you are a permanent resident of the U.S., list your alien registration number: A \_\_\_\_\_ Date Issued (mm/dd/yyyy): \_\_\_\_\_

Are you a first time SUNY student? ☐ Yes ☐ No ☐ Undergraduate ☐ GraduateHave you received a state award (Tuition Assistance Program, Regents Scholarship, Empire State Fellowship Challenger)? ☐ Yes ☐ NoHave you had or will you be applying for a Stafford Loan (formerly the Guaranteed Student Loan)? ☐ Yes ☐ NoDo you have a driver's license? ☐ Yes ☐ No If yes, in what state was your license issued? \_\_\_\_\_

Date Issued (mm/dd/yyyy): \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Do you own a car? ☐ Yes ☐ No If yes, in what state is your car registered? \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Registration Date (mm/dd/yyyy): \_\_\_\_\_

Are you a registered voter? ☐ Yes ☐ No If yes, in what state: \_\_\_\_\_

In what state did you (or your spouse) file resident taxes for 2016? \_\_\_\_\_ Where will you file for 2017? \_\_\_\_\_

Section B: If financially dependent on your parents, skip this section and have parents complete Section C

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:

2016 ☐ Yes ☐ No  
2017 ☐ Yes ☐ No

Were you or will you be claimed as a dependent on another (e.g., your parent’s) federal or state income tax return for:

2016 ☐ Yes ☐ No  
2017 ☐ Yes ☐ No

Are you an emancipated minor adult student who is financially independent from parental support? ☐ Yes ☐ No

If yes, when did you become independent? (mm/yy) \_\_\_\_\_

List below the sources of financial support for the last two (2) years.

From	To	Name and Address of Employer	Hours Worked Per Week

If not employed, please list your financial resources: \_\_\_\_\_

Applicant’s Affirmation:

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, 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 \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**Section C: To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2016 and 2017.**

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

Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Length of time at this address: \_\_\_\_\_  
Years Months

Citizenship: ☐ US ☐ Other If other, please specify: \_\_\_\_\_

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

2014: \_\_\_\_\_ 2015: \_\_\_\_\_ 2016: \_\_\_\_\_

Affirmation:

I do hereby affirm that the above information provided is accurate, complete and true to the best of my knowledge.

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

## Section D: Applicant's Affirmation

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

STATE OF NEW YORK CO UNTY 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, is accurate, complete and true to the best of my knowledge.

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

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_