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, is accurate, complete and true to the best of my knowledge.

_______________________________________________________________________

Signature of Applicant

Sworn to before me this ____________________________

day of ____________________________, 20 __________

_______________________________________________________________________

Notary Public
Section A: All information in Section A must be completed

College/Program: _____________________________________________________________

Student ID Number (if available): ________________________ NYS 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

Address 1

Street __________________________________ Apt. Number ___________________________

City ___________________________ State ____________ Zip ___________________________

Length of time at this address (insert figures): ____________ / ____________

Years          Months

Address 2

Street __________________________________ Apt. Number ___________________________

City ___________________________ State ____________ Zip ___________________________

Length of time at this address (insert figures): ____________ / ____________

Years          Months
Address 3

Street ___________________________ Apt. Number ____________

City ___________________________ State _______ Zip ____________

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

Local Address (if different from above)

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 Downstate student? ☐ Yes ☐ No If no, previous enrollment status: ☐ Undergraduate ☐ Graduate

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

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

Do you have a driver’s license or state-issued ID card? ☐ Yes ☐ No If yes, in what state was your license issued? ___________

Date Issued (mm/dd/yyyy): ___________ Driver’s 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 2020? ___________ Where will you file for 2021? ___________
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 2020?  □ Yes  □ No

2021?  □ 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 2020?  □ Yes  □ No

2021?  □ 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.

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<th>From</th>
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<th>Name and Address of Employer</th>
<th>Hours Worked Per Week</th>
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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)

Do not forget to fill out and sign Section D, regardless of whether you must fill out section C or not.
Section C: To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2020 and 2021

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:


Affirmation:

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

______________________________ Date (mm/dd/yyyy)

Signature
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STATE OF NEW YORK ) ss  COUNTY OF _______________________________

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_______________________________________________________________________
Signature of Applicant

_______________________________________________________________________
Sworn to before me this ______________________________

day of _________________________________, 20 _______  

_______________________________________________________________________
Notary Public