



Section A: All information in Section A must be completed

College/Program: School of Graduate Studies

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 2024? _____ Where will you file for 2025? _____

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

2024? Yes No

2025? 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

2024? Yes No

2025? 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)

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 2024 and in 2025:

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:

2023: _____ 2024: _____ 2025: _____

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

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