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
2021-2022 APPLICATION
NEW YORK STATE RESIDENCY STATUS
FOR TUITION BILLING PURPOSES

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 2021? __________________________ Where will you file for 2022? __________________________
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 2021?

- Yes
- No

2022?

- 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 2021?

- Yes
- No

2022?

- 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.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<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 2021 and 2022

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:

2020: ___________________________  2021: ___________________________  2022: ___________________________

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)
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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