Instructions to Apply for New York State Residency

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 Office of Admissions 450 Clarkson Avenue, MSC 60, Brooklyn, NY 11203. Continuing students should submit their documentation to The Office of the Registrar, 450 Clarkson Avenue, MSC 98, Brooklyn, NY 11203.

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 Admissions Office (accepted applicants only) or to the Office of the Registrar (matriculated students only). 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.

All applicants must submit AT LEAST FOUR (4) POINTS worth of documents from list below. Place a circle around the alphabet letter of the items you are submitting (total must add up to a minimum of four (4) points. The Committee may request additional documentation upon review of your application.

1. Tax Returns (Submit either A or B below) (2 points)
   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. A notarized copy of your lease or deed in your name and copies of canceled checks or rent receipts covering the prior 12 months. Note: If your name is not included on lease or deed, see note below. (1 point)

3. Copies of utility bills for 12 prior consecutive months, addressed to you. Utility bills include gas and/or electric only. If utility bills are not in your name, see note below. (1 point)

4. Copy of bank statements for 12 prior consecutive months, addressed to you. (1 point)

5. A notarized copy of your NYC municipal ID/New York State Driver’s License (or New York State Non-Driver’s Identification Card) (1 point)

6. New York State motor vehicle registration (1 point)

7. Proof the applicant receives public assistance from New York State or from a city, county, or municipal agency in New York State (1 point)

8. A notarized copy of your New York State Voter Registration Card. If you do not have a copy of your NYS Voter Registration Card, a printed copy can be obtained from the NYS Board of Elections online. Go to http://www.elections.state.ny.gov and click on “Look up your voter registration”. (Note that the printed copy must still be notarized.) (1 point)

9. An official copy of a transcript or an official letter on school letterhead obtained from a New York State high school showing that you attended that school for at least two complete years and your date of graduation. (Please note that your date of graduation must be within five years of the date you will begin your academic program {not the date you apply for NYS Residency}, and you must not have otherwise lost your residency since your graduation.) (4 points)

10. 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. (2 points)

Note: If lease/deed or utility bills are not in your name, but you are living at the address, you must also obtain a notarized letter from the person whose name appears on the lease/deed or utility bill stating that you live at that location and how long you have lived at that location. If the person listed is not a parent/guardian, you must also submit an explanation on how you cover the expenses (i.e., paying rent directly to the lease-holder, etc.) You must also still submit the documents described above in the other person’s name. All other items of proof must be in your name.
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 2023? __________________________ Where will you file for 2024? __________________________
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

2023?  Q Yes  Q No
2024?  Q Yes  Q 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

2023?  Q Yes  Q No
2024?  Q Yes  Q No

Are you an emancipated minor adult student who is financially independent from parental support?  Q Yes  Q 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 2023 and 2024

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:

2022: ___________________________ 2023: ___________________________ 2024: ___________________________

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 ) 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