**State University of New York**

**Application for New York State Residency Status**

**For Tuition Billing Purposes**

**Morrisville State College - Office of Student Accounts**

Instructions: All information in Section A must be completed by all applicants. Section B must be completed if you are claiming INDEPENDENT status. Section C must be completed if someone other than you or your spouse claims you as a dependent for tax purposes or provides you with any financial support. You may enclose a cover letter if you wish.

### Section A

<table>
<thead>
<tr>
<th>Semester and Year You are Applying for Recognition of Residency</th>
<th>Semester: _____ Year: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Social Security Number</td>
<td>- - -</td>
</tr>
<tr>
<td>Name (last)</td>
<td>(first)</td>
</tr>
<tr>
<td>Legal Address (street)</td>
<td>(City)</td>
</tr>
<tr>
<td>County of Residence</td>
<td>Telephone Number (__) -</td>
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<tr>
<td>Length of time at this address (years)</td>
<td>(months)</td>
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<tr>
<td>If less than three years, list your prior addresses below.</td>
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<tr>
<th>From (mo/year)</th>
<th>To (mo/year)</th>
<th>Street City State</th>
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<thead>
<tr>
<th>Local Address (street)</th>
<th>(city)</th>
<th>(state)</th>
<th>(zip code)</th>
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</table>

Age | Date of Birth | Marital Status | Citizenship: U.S. □ Other □
If other, visa type: | (Attach Copy)

If you are a permanent resident of the U.S., list your alien registration number:

A# | Date issued | (Attach Copy)

Are you an undocumented alien? Yes □ No □ (Attach Copy of Expired Visa)

Are you a first-time SUNY student? Yes □ No □ Are you: Undergraduate □ Graduate □ Professional (Med./Dent./Law) □

Are you receiving an assistantship or fellowship? Yes □ No □
If yes, what type? GA □ TA □ RA □ Fellowship □ *(If yes, attach copy of tuition waiver)*

Have you received a state award (Tuition Assistance Program (TAP), Empire State Fellowship Challenger)? Yes □ No □

Have you had or will you be applying for a Direct Loan? Yes □ No □

**Driver License and Vehicle Information**

Do you have a driver’s license? Yes □ No □ If yes, in what state?___________ *(Attach Copy)*

Date issued: _____/______ Driver’s License Number________________________

Do you own a car? Yes □ No □ If yes, in what state is your car registered?___________ *(Attach Copy)*

Date Issued: ________________

Will you be registering a vehicle with University Police? Yes □ No □

If yes, State registered ________________ *(Attach Copy)*

<table>
<thead>
<tr>
<th>Plate Number:</th>
<th>Owner:</th>
<th>Registration Date:</th>
<th>Month</th>
<th>Year</th>
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**Voter Registration Information**

Are you a registered voter? Yes □ No □

If yes, in what state are you registered?________________________ Registration Date ___/____

*(Attach Copy)*

In what state did you (or your spouse) file resident taxes for the last two years?________________________

Where will you file for the current year?________________________ *(Attach copy of most recent signed Federal and State Income Tax)*

**Education**

Did you attend a New York State high school or an approved New York State program for General Equivalency Diploma (GED) examination? Yes □ No □

Name of High School __________________________  County ________________ State __________
Did you attend this High School during both your junior and senior years? Yes □ No □

Are you (or a parent) a member of the U.S. Armed Forces on full-time active duty? Yes □ No □

If yes, please submit a copy of the Home of Record or Military Orders.

Section B

Must be completed if you are claiming independent status. If you are financially dependent on your parents, please proceed to Section C. Individuals under the age of 22 are generally not eligible for independent status. Students must provide evidence of one year of independent living in order to be considered emancipated.

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: 2015? Yes □ No □  2014? Yes □ No □

Do you rent or own? Rent □  Own □  (Attach copy of signed lease, deed, or tax bill)

Were you or will you be claimed as a dependent on your parents’ federal or state income tax return for: 2015? Yes □ No □  2014? Yes □ No □  (If yes, attach copy of most recent signed Federal & State Income Tax)

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

If yes, when did you become independent? (month)___/(year)_____.

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

<table>
<thead>
<tr>
<th>From (mo/year)</th>
<th>To (mo/year)</th>
<th>Name &amp; 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 of information in Section B

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, are accurate, complete and true to the best of my knowledge. I understand that knowingly providing false information will disqualify me from consideration for New York State residency status.

Date:___/___/___  Signature__________________________________________________________
Section C

To be completed by the parent or the custodial parent with whom the student lives or who will be claimed as your dependent for income tax purposes.

Name_____________________________________________ Relationship_____________________

Permanent Address(street)____________________________________________________________________

(city)_________________________________________(state)________(zip code)______________

Telephone Number: Home(____)__________________ Business(____)_______________________

Length of Time at this address: years_____/months_____

Citizenship: U.S. □ Other □

If other, please specify_________________________________________

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

2014________________ 2013________________ 2012________________

If filed in New York State, attach copy of most recent signed Federal and State Income Tax.

Affirmation of Information in Section C

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

State of__________________________)

ss:______________________________

County of________________________)

I,______________________________, being duly sworn, do hereby affirm my relationship to the applicant is that of______________________________ and that all information provided on this form and any attachments thereto are accurate, complete, and true to the best of my knowledge.

Signature of Applicant__________________________________________

Sworn to me this________________day of__________________, 20____

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

Signature of Applicant__________________________________________

Sworn to me this____________________ day of_____________________, 20____

Notary Public__________________________________________