



**State University of New York
Application for New York State Residency Status
For Tuition Billing Purposes**

All information in Section A must be completed by the student. Section B must be completed if the student is claiming INDEPENDENT status. Section C must be completed if someone other than the student or the student's spouse claims him/her as a dependent for tax purposes or provides him/her with any financial support.

Section A (must be completed by the student applicant)

Student ID (SSN) #:	County of Residence:
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Name:	Last	First	Middle
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Legal Address:	Street	City	State
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Telephone Number:	E-mail Address:
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Length of time at this address:	Years / Months	If less than three years, list your prior addresses below.
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From	To	Street	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Local address and telephone number (if different from above): _____

Age:	Date of Birth:	MM / DD / YY	Marital Status:
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Citizenship: USA Other If other, list visa type **(Attach Copy)** :

If you are a permanent resident, alien registration number A# _____ **(Attach Copy)**

Are you an undocumented alien? Yes No **(Attach Expired Visa)**

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

If yes, year of graduation or completion _____ 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.

Have you ever received a NY State award (TAP, Regents Scholarship, Empire State Fellowship Challenger)? Yes No

If yes, from what institution? _____

Drivers License and Vehicle Information

Do you have a Driver's License? Yes No If yes, in what state: _____ **(Attach Copy)** Date issued: _____

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 Parking Services? Yes No If yes, state of registration _____ **(Attach Copy)**

Plate Number: _____ Owner: _____ Registration Date: _____

Voter Registration Information

Are you a registered voter? Yes No If yes, state of registration _____ Registration Date: _____ **(Attach Copy)**

In what state did you (or your spouse) file resident taxes for the past two years? _____ Where will you file for the current year? _____

(Attach copy of most recent signed Federal and State Income Tax)

Section B (If you are financially dependent on your parents, proceed to Section C)

Must be completed if you are claiming independent status. 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.

Were you or will you be claimed as a dependent on your parents federal income tax return for the prior and current year:

Year 20____ Yes No Year 20____ Yes No

Section B cont'd

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) _____

Amount of financial support provided to you by parents or guardian during the prior and current year:

Year 20____ \$ _____ Year 20____ \$ _____

List your source of financial income for the past two years.

From	To	Name and address of Employer	Hours worked per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not employed, please list your financial resources :

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

Did you or will you live in an apartment, house or building owned by your parents for more than six (6) weeks during the last two years and current year?

Year 20____ Yes No Year 20____ Yes No Year 20____ Yes No

Applicants Affirmation

The following 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 the information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from New York State Resident status.

Signature of Applicant

Sworn to me before this _____ Day of _____, 20 _____

(Notary Public)

Section C - To be completed by the parent or the custodial parent with whom the student resides or who claim the student as a dependent for income tax purposes.

Name: _____ Relationship: _____

Permanent Address: _____

Length of time at this address: _____ Telephone Number: () _____ - _____

Previous Address: _____

Citizenship: USA Other If other, list visa type **(Attach Copy)** :

Please list states in which you filed or will file resident taxes during the last two years; and current year:

(Attach copy of most recent Federal and State Income Tax returns)

Year 20____ _____ Year 20____ _____ Year 20____ _____

Do you have a Driver's License? Yes No If yes, in what state: _____ **(Attach Copy)** Date issued: _____

Do you own a car? Yes No If yes, in what state is your car registered? _____ **(Attach Copy)** Date Issued: _____

Affirmation

The following statement MUST be completed and notarized before a Notary Public.

I hereby certify that the above applicant is applying with my knowledge for New York State residency status at Binghamton University.

STATE OF NEW YORK, COUNTY OF _____

I, _____, do hereby affirm that all the information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge.

Signature

Sworn to me before this _____ Day of _____, 20 _____

(Notary Public)