

**SUNY Institute of Technology**  
**Student Accounts**

# APPLICATION FOR NEW YORK STATE RESIDENCY STATUS FOR TUITION BILLING PURPOSES

*All applicants must complete all information in Section A.*

*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.*

## SECTION A (must be completed by all applicants)

Student ID or SSN \_\_\_\_\_ County of Residence \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Legal Address \_\_\_\_\_  
Street City State Zip

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

Length of time at this address (insert figures). \_\_\_\_/\_\_\_\_. If less than three years, list your prior addresses below.  
years months

From	To	Street	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Local address and telephone number (if different from above) \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

Citizenship: \_\_\_\_USA \_\_\_\_Other If other, list visa type or current immigration status \_\_\_\_\_

If you are a permanent resident, list your alien registration #A \_\_\_\_\_ Issued \_\_\_\_/\_\_\_\_  
attach copy

## 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 Month/Year of graduation or completion \_\_\_\_\_  
Name of high school \_\_\_\_\_ State \_\_\_\_\_  
attach completed high school transcript

Are you (or a parent) a member of the US Armed Forces on full-time active duty? \_\_\_\_ Yes \_\_\_\_ No  
If yes, attach copy of home of record or military orders

Are you a first-time SUNY Institute of Technology student? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
If No, please specify previous attendance Undergraduate \_\_\_\_ Graduate \_\_\_\_

Have you ever received a state award (TAP, Regents Scholarship, Empire State Fellowship challenger)?  
\_\_\_\_ Yes \_\_\_\_ No If yes, from what institution? \_\_\_\_\_



**APPLICANT'S AFFIRMATION**

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

STATE OF \_\_\_\_\_

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 consideration for New York status.

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Notary Public)

**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 \_\_\_\_\_

Length of time at this address \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Previous address \_\_\_\_\_

Citizenship \_\_\_\_\_ USA \_\_\_\_\_ Other \_\_\_\_\_ If other, list visa type \_\_\_\_\_

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

2007 \_\_\_\_\_ 2008 \_\_\_\_\_ 2009 \_\_\_\_\_

**Attach copy of current year SIGNED federal and state income tax return**

Do you have a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what state? \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what state is it registered? \_\_\_\_\_

**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 SUNY Institute of Technology.

STATE OF \_\_\_\_\_

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 of parent/guardian \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Notary Public)