

**STATE UNIVERSITY OF NEW YORK**  
**College of Environmental Science & Forestry**

**Application for New York State Residence Status**

All information in Section A must be completed.

Section B must be completed if you are an independent student.

Section C must be completed if someone other than yourself or your spouse claims you as a dependent for tax purposes.

See [SUNY Policy #7810 for guidance](#)

**Section A**

Student I.D. Number \_\_\_\_\_ County of Residence \_\_\_\_\_

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

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

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

From \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Citizenship U.S. Other If other, Visa Type: \_\_\_\_\_

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

A \_\_\_\_\_ Date issued: \_\_\_\_\_

Are you a first-time SUNY student? Yes No

Undergraduate Graduate

Revision Date: 3/23/24

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 Loan (formerly the Guaranteed Student Loan)?

Yes                      No

Do you have a driver's license:      Yes                      No

If yes, in what state was your license issued? \_\_\_\_\_

Date Issued \_\_\_\_\_      Driver's License Number \_\_\_\_\_  
(Attach copy of Driver's License)

Do you own a car?                      Yes                      No

If yes, in what state is your car registered? \_\_\_\_\_

Registration Date \_\_\_\_\_      (Attach copies of registration)

In what state did you (or your spouse) file resident taxes for: 2022 \_\_\_\_\_

Where will you file for 2023 \_\_\_\_\_  
(Attach copies of your tax returns for prior two years)

## Section B

*If financially dependent on your parents, and your parents are NY residents, skip this section and have parents complete Section C. If you are financially dependent on your parents, who are residents of another state, **STOP**, you are not eligible for in-state tuition.*

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                      Yes                      No                      2022                      Yes                      No

Where you will you be claimed as a dependent on your parents' federal or state income tax return for:

2023                      Yes                      No                      2022                      Yes                      No

Revision Date: 3/23/24

(If under 25 as of previous December 31, attach copies of your parent/guardian's tax returns for prior two years)

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 sources of financial support for last two years and **assistantships offered by ESF** (provide copy of offer letter)

From/To	Name and Address of Employer	Hours Worked Per Week

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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Revision Date: 3/23/24

**Section C**

*To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2022 or 2023, or the non-custodial parent (if applicable)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Length of time at this address \_\_\_\_\_

Citizenship        US        Other If other, please specify \_\_\_\_\_

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

2023 \_\_\_\_\_ 2022 \_\_\_\_\_ 2021 \_\_\_\_\_

**Affirmation**

I do hereby affirm that the above information provided is accurate, complete and true to the best of my knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_