

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. LINK: Residency, Establishment of for Tuition Purposes

Section A

Student I.D. I	Number		County	of Residency	· · · · · · · · · · · · · · · · · · ·
Name					
	Last		First	Middle	
Current Addr	ess				
		Stree	t		City
	State	Zip C	ode		
Telephone N	umber:		Email Address:		
Length of tim	e at this address (i	nsert figures).	/ If less ti	nan three years, list your p	rior addresses below
From	То	Address (S	Street, City, State)		
Age	Date of Birth		Marital Status _		
Citizenship:	US	Other	If other, Visa Type	o:	
If you are a p	ermanent resident	of the U.S., lis	t your alien registra	ation number:	
A	Date i	ssued:			
Are you a firs	st-time SUNY stude	nt? Yes	No	Undergraduate	Graduate

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Have you rec Challenger)?	eived a state awa	rd (Tuition A	ssistance Pr	ogram, R	Regents Scholarship, Emp	ire State Fellowship
	Yes	No				
Have you had	l or will you be ap	plying for a	Stafford Loar	(formerl	y the Guaranteed Student	Loan)?
	Yes	No				
Do you have	a driver's license:	Ye	es	No		
If yes, in what	t state was your li	cense issue	d?		_	
Date Issued _	/	_Driver's Li	cense Numb	er	(Attach cop	y of Driver's License)
Do you own a	car?	Yes	No			
If yes, in what of registration	t state is your car on)	registered?			Registration Date:	(Attach copies
In what state	did you (or your s	pouse) file r	esident taxes	s for: 202	3	
•	u file for 2024: s of your tax retur		- wo years)			
Section E	3					
complete Sec		financially d			Y residents, skip this secti ents, who are residents of	
Did you or wil weeks during	•	artment, ho	use or buildir	ng owned	or leased by your parents	s for more than six (6)
2024:	Yes	No 20)23	Yes	No	
Were you or v	will you be claime	d as a depe	ndent on you	r parents	' federal or state income t	ax return for:
2024:	Yes	No 20)23	Yes	No	
(If under 25 a	as of previous De	ec. 31, attac	ch copies of	your pai	rent/guardian's tax retur	ns for prior two years)
Are you an er Yes	mancipated minor No	or adult stu	dent who is f	inancially	independent from parent	al support?
If yes, when c	lid you become in	dependent?		_/ Month	 Year	
List sources o	of financial suppor	t for last two	years and a	ssistant	ships are offered by ESI	(provide copy of offer

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From/To	Name and	Address of Employer	Hours Worked per Week
f not employed, ple	ase list financial res	sources.	
Applicant's Affirm	ation:		
and that all informat	ion provided on this understand that pro	s form, and attachments ther	is my intention to remain in New York State, reto, is accurate, complete and true to the beswingly will disqualify me from consideration for
Date:	Signat	ure	
Section C			
	the person who clastodial parent (if ap		dependent for income tax purposes in 2023 o
Name		Relationship	
Permanent Address	3		
Permanent Address	3	Street	City
Permanent Address	·		City
Permanent Address ———————————————————————————————————			City
Sta	te	Street Zip Code	City
Sta Telephone Number:	te	Street Zip Code	·
Sta Telephone Number: Length of time at thi	te	Street Zip Code Email Address:	·
Sta Telephone Number: Length of time at thi Citizenship:	te : is address (insert fig US	Street Zip Code Email Address:	sify:
Sta Telephone Number: Length of time at thi Citizenship: Please list states in	te s address (insert fig US which you filed or v	Street Zip Code Email Address: gures)/_ Other If other, please spec	cify:
Telephone Number: Length of time at thi Citizenship:	te s address (insert fig US which you filed or v	Street Zip Code Email Address: gures)/ Other If other, please spectially file resident taxes during	cify:

Signature _____

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Date: _____