

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 LINK: http://www.suny.edu/sunypp/documents.cfm?doc_id=402

Section A

Student I.D. Number _____ County of Residence _____

Name _____
Last First Middle

Current Address _____
Street
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

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: **2019** _____ Where will you file for **2020**: _____
(Attach copies of your tax returns for prior two years) (Year) (Year)

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:
2020: _____ Yes _____ No **2019**: _____ Yes _____ No

Were you or will you be claimed as a dependent on your parents' federal or state income tax return for:
2020: _____ Yes _____ No **2019**: _____ Yes _____ No

(If under 25 as of previous Dec. 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 the last two (2) years and any assistantships offered by ESF in current year

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 _____

Section C

To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2019 or 2020.

Name _____ Relationship _____

Permanent Address _____

Street

City

State

Zip Code

Telephone Number: Home () _____ - _____ Business () _____ - _____

Length of time at this address (insert figures) ____/____
Years Months

Citizenship ____ U.S. ____ Other If other, please specify: _____

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

2020 _____ 2019 _____ 2018 _____
Year Year Year

Affirmation:

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

Date ____/____/____ Signature _____

Section D

Applicant's Affirmation:

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

STATE OF NEW YORK)

)

COUNTY OF _____)

I, _____, the applicant herein, being duly sworn, do
(Please Print Name)

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

Signature of Applicant

Sworn to before me this _____

Day of _____, 20_____

Notary Public

THIS SECTION FOR COLLEGE USE ONLY:

Applicant is considered a _____ **Resident** or _____ **Non-Resident** of NY State for tuition purposes.

Effective Date _____ (if approved)

Checklist of Supporting Documentation:

Documentation Provided by Student	Yes	No	N/A
Proof of Financial Independence			
Student receives an ESF salary (i.e., funded as an RA or GA/TA)			
Claimed as a dependent on parent’s most current Form 1040			
If yes, parent provided email stating son/daughter is no longer eligible to be claimed when they prepare their next tax filing			
Proof of “Intent to Reside”			
Copy of NYS driver’s license			
Copy of NYS vehicle registration			
Copy of proof that student registered to vote			
Copy of student’s lease			
Other (list):			

General Comments (if any):

By _____ Date _____

Internal Notification to Admissions, Registrar, and Bursar was made on (date): _____
(Note: notify student that address in ESF system should be their current NYS one and not the one from their hometown).

Syracuse Department of Motor Vehicles Located Nearest to ESF Main Campus



Notes:

- People typically spend **20 min to 1.5 hours** here
- Call first to see what documents are required, to avoid wasting a trip

Syracuse DMV Office
 Department of Motor Vehicles
<https://dmv.ny.gov/office/syracuse>

Located in: Western Lights Shopping Center
Address: Western Lights Shopping Center,
 4671 Onondaga Blvd, Syracuse, NY 13219
Hours: 8:30AM–4PM
Phone Number: (518) 486-9786