

1. Student's Name: _____
(First) (Middle) (Last)

Term for which you are applying for NYS Residency Status/Resident Tuition (Indicate term and year, e.g., Fall 2019)

Fall _____ Winter _____ Spring _____ Summer _____

2. BU Student ID (B#): _____ Date of Birth: Month _____ Day _____ Year _____
Academic Level: Undergraduate Graduate/Professional

3. BU E-mail Address: _____ Telephone Number: () _____ - _____

4. Are you a U.S. Citizen? Yes No

Are you a U.S. Permanent resident alien? Yes No If yes, registration number A#: _____ (**Attach Copy**)

Do you hold a temporary Visa? Yes No If yes, list visa type: _____ Expiration Date: ____/____/____ (**Attach Copy**)

Are you a Political Asylee/Refugee? Yes No If yes, attach copies of the following:

1. I-797 Notice of Action with I-730 approval
2. Asylum/Refugee decision approval letter and I-94
3. Employment Authorization (EAD) (I-766)

5. Did you attend a New York high school for two or more years and graduate from that high school? Yes No

6. Were you admitted to the university within five years of your high school graduation date? Yes No

If yes, High School Name: _____ City: _____ State _____

Period of Attendance: From: _____ To: _____ Graduation Date: ____/____/____

7. Do you have a GED issued by NYS? Yes No

8. Were you admitted to the university within five years of your GED? Yes No If yes, GED Issue Date: ____/____/____

If you answered "yes" to questions 5 and 6 or 7 and 8 and you are a **U.S. citizen or permanent resident alien**, **attach a copy of your final high school transcript or GED**. Then date and sign the certification below. You do not need to complete any further sections of this form.

If you answered "yes" to questions 5 and 6 or 7 and 8 and **you currently do not have lawful immigration status** but have filed an application to legalize your immigration status, or will file such an application as soon as you are eligible to do so, **attach a copy of your final high school transcript or GED**, then date and sign the certification below. You must also **complete Part B** of this Application (affidavit) before a Notary Public.

If you answered "no" to question 5, 6, 7 or 8 and are a U.S. citizen, permanent resident alien, political asylee/refugee or hold a temporary visa, you must complete Part C of this application.

I certify that all information provided and all statements made in all sections of this Application are true and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain the resident tuition rate, SUNY may revoke its determination of eligibility for the resident tuition rate and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also may be subject to disciplinary action.

DATE: _____ STUDENT SIGNATURE: _____

STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

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

STATE OF NEW YORK, COUNTY OF: _____

Student Name (Print): _____, being duly sworn, deposes and says that they do not currently have lawful immigration status but has filed an application to legalize their immigration status or will file such an application as soon as they are eligible to do so.

(Student's signature)

Notary Public

Notary Public (Complete, sign and stamp)

Sworn to me before this _____ Day of _____, 20_____(Notary Public)



State University of New York
Application For New York State Residency Status/Resident Tuition
PART C

Section 1 must be completed by the student.
Section 2 must be completed if you are an INDEPENDENT student.
Section 3 must be completed if someone other than yourself or your spouse claims you as a dependent for tax purposes.

Section 1 - Must be completed by the student applicant.

BU Student ID (B#): County of Residence:

First: Middle: Last:

Age: Date of Birth: Marital Status Single Married

Telephone Number: BU E-mail Address:

Legal Address Street: City: State: Zip:

Length of time at this address: Years/Months If less than three years, list your prior addresses below.

From: To: Street: City: State:

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

State Identification and Vehicle Information:

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

Do you have a state issued Identification Card? Yes No If yes, in what state: (Attach Copy) Date Issued:

Do you own a vehicle? Yes No If yes, state of registration: (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)

Section 2 - Must be completed by student applicants claiming independent status. Individuals under the age of 24 are generally not eligible for independent status. Students claiming financial independence must also provide documented evidence of financial self-sufficiency.

Are you an emancipated minor or student who is financially independent from parental support? Yes No

If yes, when did you become independent? Date:

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

Year: 20 \$ Year: 20 \$

Were you claimed as a dependent on your parents Federal or State income tax return for the prior year? Yes No

Will you be claimed as a dependent on your parents Federal or State income tax return for the current year? Yes No

List the state(s) in which you filed resident taxes during the last two years: Year: 20 State(s) Year: 20 State(s)

List the state(s) in which you have filed or will file resident taxes for the current year: Year 20 State(s)

(Attach complete copies of the previous year's Federal and State Income Tax Return statements)

List below your sources of financial support for the last two (2) years. The University may request additional documentation to support the Information you provide.

| From: | To: | Name and address of employer: | Hours worked per week: |
|-------|-------|-------------------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If not employed, list your financial resources:

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

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

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

Will you live in an apartment, house or building owned by your parents or guardians for more than six (6) weeks during the current year?

Year: 20____ Yes No

Applicant's 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 _____

Notary Public (Complete, sign and stamp)

Sworn to me before this _____ Day of _____, 20____ (Notary Public)

Section 3 - To be completed by the parent or custodial parent with whom the student resides or who claims the student as a dependent for income tax purposes.

Name: _____ Relationship to student: _____

Permanent Address: _____

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

Previous Address: _____

Are you a U.S. Citizen? Yes No

Are you a U.S. Permanent resident alien? Yes No If yes, registration number A#: _____ (**Attach Copy**)

Do you hold a temporary Visa? Yes No If yes, list visa type: _____ Expiration Date: ____/____/____ (**Attach Copy**)

Are you a Political Asylee/Refugee? Yes No If yes, attach copies of the following:

1. I-797 Notice of Action with I-730 approval
2. Asylum/Refugee decision approval letter and I-94
3. Employment Authorization (EAD) (I-766)

List the state(s) in which you filed resident taxes during the last two years: Year: 20____ State(s)____ Year: 20____ State(s)____

List the state(s) in which you have filed or will file resident taxes for the current year: Year 20____ State(s)____

(Attach complete copies of the previous year's Federal and State Income Tax Return statements)

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

Do you have a state issued Identification Card? Yes No If yes, in what state? _____ (**Attach Copy**) Date Issued: ____/____/____

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

Parent or Custodial Parent Affirmation

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

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. I understand that providing false information knowingly will disqualify my student from New York State Resident status.

Signature of parent or custodial parent _____

Notary Public (Complete, sign and stamp)

Sworn to me before this _____ Day of _____, 20____ (Notary Public)