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

## PART A

1. **Name:**
   - First
   - Middle
   - Last

2. **Student ID (B#):**
   - Date of Birth: Month Day Year

3. **E-mail Address:**
   - Telephone Number:

4. **Are you a U.S. Citizen?**
   - ☐ Yes ☐ No
   - If you are a permanent resident alien? ☐ Yes ☐ No
   - If yes, registration number A# ____________________________ (Attach Copy)
   - Are you here on a visa? ☐ Yes ☐ No
   - If yes, list visa type_________ Expiration Date:_______________________ (Attach Copy)

5. **Did you attend a New York high school for two or more years and graduate from that high school?**
   - ☐ Yes ☐ No
   - If yes, high school name and location______________________________________________________________________
   - Period of Attendance:_______________________________________________________  Graduation Date:_____________

6. **Do you have a GED issued by NYS?**
   - ☐ Yes ☐ No
   - Date Issued:______________________________

   If you answered "yes to question 5 or 6 and are a U.S. citizen or permanent resident alien, date and sign the certification below. You do not need to complete any further sections of this form.

   If you answered “yes” to question 5 or 6 and do not currently 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, date and sign the certification below. You must also complete Part B of this Application (affidavit) before a Notary Public.

## Certification

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:** _____________________________

If you answered "no" to question 5 or 6 and are a U.S. citizen, permanent resident alien, or have a visa, you must complete Part C of this Application.
STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS
The following section MUST be completed and notarized before a Notary Public.

State of New York:

County of __________________:

STUDENT NAME ___________________________________________, being duly sworn, deposes and says that he/she does not currently have lawful immigration status but has filed an application to legalize his/her immigration status or will file such an application as soon as he/she is eligible to do so.

________________________________
(Student’s signature)

Notary Public

Sworn to before me this _____ day of ___________________, 20__.
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)**

<table>
<thead>
<tr>
<th>Student ID (B#):</th>
<th>County of Residence:</th>
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<table>
<thead>
<tr>
<th>Name:</th>
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<table>
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<tr>
<th>Legal Address:</th>
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<tbody>
<tr>
<td>Street</td>
<td>City</td>
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<td></td>
<td>State</td>
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<td></td>
<td>Zip</td>
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<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>E-mail Address:</th>
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<table>
<thead>
<tr>
<th>Length of time at this address:</th>
<th>Years / Months</th>
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<tbody>
<tr>
<td>If less than three years, list your prior addresses below:</td>
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<tr>
<td>From</td>
<td>To</td>
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Local address and telephone number (if different from above):

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<tr>
<th>Age:</th>
<th>Date of Birth:</th>
<th>Year</th>
<th>Day</th>
<th>Martial Status:</th>
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</table>

Citizenship:  
☐ USA  ☐ Other  
If other, list visa type (Attach Copy):

If you are a permanent resident, alien registration number A#  
(Attach Copy)

Are you an undocumented alien?  
☐ Yes  ☐ No  
(Attach Expired Visa )

**Drivers License and Vehicle Information**

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

Do you own a car?  
☐ Yes  ☐ No  
If yes, in what state is your car registered?  
(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)

In what state did you (or your spouse) file resident taxes for the past two years?  
Where will you file for the current year?  
(Attach copy of most recent signed Federal and State Income Tax)

**Section 2 (If you are financially dependent on your parents, proceed to Section 3)**

Must be completed if you are claiming independent status.  Individuals under the age of 22 are generally not eligible for independent status.  Students must provide evidence of one year of independent living in order to be considered emancipated.

Did you or will you live in an apartment, house or building owned by your parents for more than six (6) weeks during the last two years and current year?  
Year 20____  ☐ Yes  ☐ No  
Year 20____  ☐ Yes  ☐ No  
Year 20____  ☐ Yes  ☐ No

Were you or will you be claimed as a dependent on your parents federal income tax return for the prior and current year?  
Year 20____  ☐ Yes  ☐ No  
Year 20____  ☐ Yes  ☐ No

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)  

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>20____</td>
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<tr>
<td>20____</td>
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</tbody>
</table>

List below your sources of financial support for the last two (2) years.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Name and address of Employer</th>
<th>Hours worked per week</th>
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If not employed, please list your financial resources:

____________________________________________________________________________________________________________________
________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20____</td>
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<tr>
<td>20____</td>
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</tbody>
</table>

Applicants 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

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

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

Name: ___________________________________________   Relationship: ____________________________
Permanent Address: __________________________________________________________________________
Length of time at this address: ___________________________  Daytime Telephone Number: (       ) _________ - _________________
Previous Address: ___________________________________________________________________________

Citizenship: □ USA   □ Other
If other, list visa type (Attach Copy):

Please list states in which you filed or will file resident taxes during the last two years; and current year:

(Attach copy of most recent Federal and State Income Tax returns)

<table>
<thead>
<tr>
<th>Year</th>
<th>State</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>20____</td>
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<td>20____</td>
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</table>

Do you have a Driver’s License? □ Yes □ No
If yes, in what state: ___________________________ (Attach Copy) Date issued: __________________

Do you own a car? □ Yes □ No
If yes, in what state is your car registered? ___________________________ (Attach Copy) Date Issued: __________________

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 Binghamton University.

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.

____________________________________________________
Signature

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