

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

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 and are a U.S. citizen or permanent resident alien, you do not need to complete any further sections of this form. Attached a copy of your final high school transcript. Sign and date the certification below.

If you answered "yes" to questions 7 and 8 and are a U.S. citizen or permanent resident alien, you do not need to complete any further sections of this form. Attached a copy of your GED. Sign and date the certification below.

Students without lawful immigration status who have graduated from high school in New York or have a NYS GED should also submit the express application. Such students should also complete the Part B of the application.

Students who do not meet the criteria set forth above should complete a regular residency 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 graduate students or student applicants 24 years of age or older. Individuals under the age of 24 are generally not eligible for independent status. Students claiming financial independent status 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 custodial parent or court ordered legal guardian of a dependent student. Dependent students are generally undergraduate students under the age of 24.

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 rent or own your residence?  Rent  Own **(Attach copy of current lease agreement or current year's property tax bill)**

Are you a registered voter  Yes  No If yes, state of registration \_\_\_\_\_ Registration Date \_\_\_\_\_ **(Attach Copy)**

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)