



**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)**

Student ID (B#):	County of Residence:
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Name: <small>First</small>	<small>Middle</small>	<small>Last</small>
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Legal Address: <small>Street</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>

Telephone Number:	E-mail Address:
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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):

Age:	Date of Birth: <small>Month</small> / <small>Year</small> / <small>Day</small>	Marital Status:
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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) \_\_\_\_\_

Amount of financial support provided to you by parents or guardian during the prior and current year:  
Year 20\_\_\_\_ \$ \_\_\_\_\_ Year 20\_\_\_\_ \$ \_\_\_\_\_

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

From	To	Name and address of Employer	Hours worked per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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?  
Year 20\_\_\_\_  Yes  No Year 20\_\_\_\_  Yes  No Year 20\_\_\_\_  Yes  No

**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)

Year 20\_\_\_\_ Year 20\_\_\_\_ Year 20\_\_\_\_

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)