

# 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                                    |  |
| 2. Student 1D (b#).  | Date of Birth.   |  |
|  |  |  |
| 3. E-mail Address:   | Telephone Number:  |  |
| 4. Are you a U.S. Citizen? ☐ Yes ☐ No  |  |  |
| 4. Are you a 0.5. Cluzen: Lifes Lino   |  |  |
| 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: FROM: TO:  | Graduation Date:   |  |
| 6. Do you have a GED issued by NYS? ☐ Yes ☐ No   | Date Issued:   |  |
|  | Month Day Year   |  |
| If you appropried West to guestion Flow 6 and are a U.C. sitizen as newpapent resident alien, date and sign the contification  |  |  |
| 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 <b>not</b> 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. <b>You must</b> also complete <b>Part B</b> of this Application (affidavit) before a Notary Public.   |  |  |
| •  |  |  |
| C  | G. a. bi a.a.  |  |
| Certi  | fication   |  |
| 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 re  | alevant information in order to obtain the recident tuition rate |  |
| 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 SIGNATUR   | Œ:   |  |
|  |  |  |
|  |  |  |
| If you answered "no" to question 5 or 6 and are a U.S. citizen, permanent resident alien, or have a visa, <b>you must</b>  |  |  |
| complete Part C of this Application.   |  |  |



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

## STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS The following section MUST be completed and notarized before a 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 applica  | nt)                                   |                  |  |
|--|---------------------------------------|------------------|--|
| Student ID (B#):   | County of Residence:                  |                  |  |
| Name: First Middle   | Last                                  |                  |  |
|  |                                       |                  |  |
| Legal Address: Street  |                                       |                  |  |
| City   | State Zip                             |                  |  |
| Telephone Number:  | E-mail Address:                       |                  |  |
| 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):  |                                       |                  |  |
| cocal address and telephone number (ii different from above).  |                                       |                  |  |
| Age: Date of Birth:  | onth Year Day                         | Martial Status:  |  |
| Citizenship: ☐ USA ☐ Other If other, list visa type (Attach Copy):   |                                       |                  |  |
| If you are a permanent resident, alien registration number A#  |                                       |                  |  |
| Are you an undocumented alien? ☐ Yes ☐ No  | (Attach Copy)  (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:  |                                       |                  |  |
| Voter Registration Information   |                                       |                  |  |
| Are you a registered voter? $\square$ Yes $\square$ No $\square$ If yes, state of registration   | Registration Date:                    | (Attach Copy)    |  |
| In what state did you (or your spouse) file resident taxes for the past two y  | vears? Where will you file for t      | he current year? |  |
| (Attach copy of most recent signed Federal and State Income Tax)   |                                       |                  |  |
| Section 2 (If you are financially dependent on your parent   | s, 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 <b>□ Yes □ No</b> Year 20  | _ <b>□ Yes □ No</b> 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 <b>□ Yes □ No</b> Year 20 <b>□ Yes □ No</b>  |                                       |                  |  |
| 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)  |                                       |                  |  |
| 11 yes, when did you become independence (month)/ (teal)   |                                       |                  |  |

| Amount of financial support provided to you by parents or guardian of  |   |  |  |
|--|---|--|--|
| 1eai 20 \$   | Year 20 \$  |  |  |
| List below your sources of financial support for the last two (2) years  | 5.  |  |  |
| From To Name and address   | s 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  | d lease, deed, or tax bill)   |  |  |
| ·  | y your parents for more than six (6) weeks during the last two years and current year?      |  |  |
| Year 20 <b>□ Yes □ No</b> Year 2   |   |  |  |
| Applicants Affirmation   |   |  |  |
| The following statement MUST be completed and notarized before a   | Notary Public   |  |  |
| STATE OF NEW YORK, COUNTY OF   | ·   |  |  |
| I the  | e 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 provi   | rided on this form and any attachments thereto, is accurate, complete and true to the best  |  |  |
| of my knowledge. I understand that providing false information know  | wingly will disqualify me from New York State Resident status.                              |  |  |
|  | Signature of Applicant  |  |  |
| Sworn to me before this Day of, 2  | 20  |  |  |
| (Notary Public)  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Section 3 - To be completed by the parent or the custoresides or who claim the student as a dependent of the custoresides or who claim the student as a dependent of the custoresides or who claim the student as a dependent of the custoresides or who claim the student of the custoresides or who claim the custoresides the cu |   |  |  |
| resides of who claim the stadent as a depe   | chache for income tax parposes.   |  |  |
| Name:  | Relationship:   |  |  |
| Permanent Address:   |   |  |  |
| Length of time at this address:  |   |  |  |
| 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   |  |  |
|  | It state:(Attach Copy) Date issued:   |  |  |
|  | car registered?(Attach Copy) Date Issued:   |  |  |
| Affirmation  | N. D. P.  |  |  |
| The following statement MUST be completed and notarized before a   |   |  |  |
| 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   | v affirm that all the information provided on this form and any attachments thereto, is     |  |  |
| accurate, complete and true to the best of my knowledge.   | y affirm that all the information provided on this form and any attachments thereto, is     |  |  |
|  |   |  |  |
|  | Signature   |  |  |
| Sworn to me before this Day of, 2l   | .0  |  |  |
| (Notary Public)  |   |  |  |
|  |   |  |  |