## APPLICATION FOR NEW YORK STATE RESIDENCY STATUS/RESIDENT TUITION

All information in Section A must be completed.

Section B must be completed if you are an independent student.

Section C must be completed if someone other than yourself or your spouse claims you as a dependent for tax purposes.

Section A						
Semester applying	for		(Must be prior to the e	nd of the registr	ration period)	
Oswego ID#		County of Residence				
Last Name		First Name			MI	
Street Name:						
City:			State:		Zip Code:	
Telephone Number	r ( )					
Length of time at the	his address	(insert figure	es)/ (If less than	three years, list	your prior addresses be	elow.)
From To		Street		City		State
Local Address (if a	different fro	om above) Sti	reet Name:			
City:			State:		Zip Code:	
Age: Date of	f Birth:	_//	Martial Status:	Citizensh	ip: • U.S. • Other	If other, VISA Type:
If you are a perman	nent reside	nt of the U.S.	, list your alien registration	n number: A		Date Issued:/
Have you received	financial a	id from New	York State TAP or other s	scholarships?	• Yes • No	
Do you have a driv	ver's licens	e? • Yes •	No If yes, in what state	was your licens	se issued?	
Date Issued:/						
Do you own a car?	• Yes	• No If yes.	, what state is your car regi	stered?		
License Plate Num	ıber:		Registration Date:	/		
Are you a registere	ed voter? •	Yes • No	If yes, in what state are ye	ou registered? _		Registration Date:/
In what state did ye	ou (or your	spouse) last	file resident taxes?		_ Where will you file no	ext year?
Section B						
If financially depe	endent on y	our parents,	skip this section and have	your parents c	omplete Section C.	
Did you or will you	u live in an	apartment, h	ouse or building owned or	leased by your	parents for more than si	ix (6) weeks during the last two year
Last year: • Yes	s • No	Pr	ior year: • Yes • No			
Were you or will y	ou be clain	ned as a depe	endent on your parents' fed	eral or state inc	ome tax return:	
Last year: • Yes	s • No	Pr	ior year: • Yes • No			
Are you an emanci	ipated mino	or or adult stu	ident who is financially inc	lependent from	parental support? • Y	es • No
If was when did we	nu hecome	independent?	Date: / (Month	/Vear)		

ist below your sources of fina	ancial support for the last two (2) year.		
rom To	Name and Address of Employer		Hours Worked/Week
not employed, please list yo	ur financial resources:		
oplicants Affirmation:			
	resident of New York State and that it is my intent		
	thereto, is accurate and true to the best of my knovion for New York State residency status.	vledge. I understand that providi	ng false information knowingly
•			
ite/ Signature.			
ection C			
	n who claimed or will claim you as a dependent fo		
ime		Relationship:	
reet Name:			
ty:	State:	Zip Code:	
lephone Number: Home (	) Business (	)	
ngth of time at this address	(insert figures)/ (Years/Months)		
tizenship: • U.S. • Other	If other, please specify:		
ease list states in which you	filed or will file resident taxes during the last three	e years:	
ear: State:	Prior Year: State:	Second Prior Year:	State:
firmation:			
o hereby affirm that above i	nformation provided is accurate and true to the be-	. C 1 1 1	
<i>j</i>	information provided is accurate and true to the be-	st of my knowleage.	