



**State University of New York**  
**Application for New York State Residency Status**  
**For Tuition Billing Purposes**

*\* MUST BE SUBMITTED PRIOR TO START OF SEMESTER*

All information in Section A must be completed by all applicants. Section B must be completed if you are claiming INDEPENDENT status. Section C must be completed if someone other than you or your spouse claims you as a dependent for tax purposes or provides you with any financial support.

**Section A (must be completed by all applicants)**

Student ID #:	County of Residence:
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Name:	Last	First	Middle
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Legal Address:	Street	City	State	Zip
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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.
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From	To	Street	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Local address and telephone number (if different from above):	_____
_____	_____

Age:	Date of Birth:	Month	Day	Year	Marital Status:
_____	_____	_____	_____	_____	_____

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)
_____	_____	_____	_____

**Education**

Did you attend a New York State high school or an approved New York State program for General Equivalency Diploma (GED) examination?	Yes	No	If yes, year of graduation or completion _____
_____	_____	_____	_____

Name of High School	County	State
_____	_____	_____

Did you attend this High School during both your junior and senior years?	Yes	No
_____	_____	_____

Are you (or a parent) a member of the U.S. Armed Forces on full-time active duty?	Yes	No
_____	_____	_____

If yes, please submit a copy of the Home of Record or Military orders.

Have you ever received a state award (TAP, Regents Scholarship, Empire State Fellowship challenger)?  
 Yes      No      If yes, from what Institution? \_\_\_\_\_

**Driver License and Vehicle Information**

Do you have a Driver's License or State issued ID?    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 registered: \_\_\_\_\_ (Attach Copy)

Plate Number: \_\_\_\_\_      Owner: \_\_\_\_\_      Registration Date:      Month      Year  
 \_\_\_\_\_ / \_\_\_\_\_

**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 last two years? \_\_\_\_\_  
 Where will you file for the current year? \_\_\_\_\_ (Attach copy of most recent signed Federal and State Income Tax)

**Section B**

Must be completed if you are claiming independent status. If you are financially dependent on your parents, please proceed to Section C. 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?  
 \_\_\_\_\_ 20\_\_    Yes      No      \_\_\_\_\_ 20\_\_    Yes      No

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

Were you or will you be claimed as a dependent on your parents' federal or state income tax return for the prior and current year:  
 \_\_\_\_\_ 20\_\_    Yes      No      \_\_\_\_\_ 20\_\_    Yes      No

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

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  
 \_\_\_\_\_ / \_\_\_\_\_

List below your sources of financial income for the past two (2) years.

<u>From</u>	<u>To</u>	<u>Name and address of Employer</u>	<u>Hours Per Week</u>

If not employed please list your financial resources:

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**Section C Applicant's Affirmation (MUST be completed by all applicants)**

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 consideration of New York status.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

(Notary Public)

## Section D

To be completed by the parent or the custodial parent with whom the student lives or who will be claimed as your dependent for income tax purposes.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ 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)**

20 \_\_\_\_\_ 20 \_\_\_\_\_ 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, state 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 SUNY Buffalo State.

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 before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

(Notary Public)



# BUFFALO STATE

The State University of New York

## **Residency Application (for in-state tuition) Required Information**

Please submit copies of the following documents with your completed Residency Application:

- Copy of student's most current state and federal tax form filed
- Copy of parent (s) most current state and federal tax form filed (if dependent student)
- Copy of driver's license
- Copy of automobile registration—if you own a vehicle
- Copy of voter registration card
- If non US citizen—copy of permanent resident VISA
- Copy of current rental lease agreement—if residing in rental property
- Copy of current property tax bill—if residing in owned (non-rental) property

You may also provide a separate letter to detail any other pertinent information not included on you application.

Mail completed Residency Application and documentation to:

**SUNY Buffalo State  
Office of Student Accounts  
Moot Hall Room 260  
1300 Elmwood Avenue  
Buffalo, NY 14222**

**INCOMPLETE APPLICATIONS OR APPLICATIONS WITH  
MISSING DOCUMENTS WILL NOT BE PROCESSED.**