STATE UNIVERSITY OF NEW YORK Application
for New York State Residency Status For Tuition
Billing Purposes

PART A

All information in Part A must be completed by all applicants
Part B, only if applicable (separate form)
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

1. Last Name: ___________________________ First Name: ___________________________ Middle Initial: ___________
2. Maritime ID: _________________________ Age: _______ Date of Birth: ___________ Marital Status: ___________
   Phone Number: _______________________
3. Are you a U.S. citizen? Yes _____ No _____ If you answered Yes: Are you a permanent resident alien?
   A ___________________________ Date Issued: ___ / ___ (attach copy)
   Are you here on a Visa? Yes _____ No _____ Visa Type: ___________ Exp. Date: ______ (attach copy)
   Are you an undocumented alien? Yes _____ No ____ (attach expired visa)
4. Did you attend a New York High School for two or more years and graduate from that High School within
   the last 5 years? Yes _____ No _____
   High School name and location: __________________________________________________________
   Period of attendance: ___________________________ Graduation date: (MM/DD/YEAR) __________
5. Do you have a GED issued by NYS? Yes ____ No ____ Date issued: ___________ (attach copy)

If you answered “Yes” to question 4, do not have domicile residence in NYS and are a U.S. citizen or permanent resident alien, you do not need to complete any further Parts of this form. However the College must have record of your Final High School Transcript. NOTE: If you have applied for TAP or wish to be eligible for other New York State grants, please continue on to Part C, Application for New York State Residency Status for Tuition, Section A.

If you answered “Yes” to question 4 and do not currently have lawful immigration status but have filed an application to legalize your immigration status or will file such an application soon as you are eligible to do so, you must complete Part B (affidavit to legalize immigration status).

If you answered “No” to question 4, please continue on to Part C, Application for New York State Residency Status for Tuition, Section A.

Applicant’s Affirmation - To be completed by ALL students:

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 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: ___ / ___ __________________________________________

Signature of Applicant

Sworn to before me this ___________ day of ___________, 20 __
(Notary Public)
APPLICATION FOR NEW YORK STATE RESIDENCY STATUS RESIDENT TUITION

PART C

Section A

Maritime ID: __________________________  County of Residence: __________________________
Last Name: ____________________________  First Name: ____________________________  MI: _______
Legal Address: __________________________
City: ____________________________  State: ____________________________  Zip Code: ____________________________-
Day phone: ____________________________  Evening phone: ____________________________
Length of time at this address (insert figures). ___ / ___ (If less than three years, list your prior addresses below including calendar dates at each location.)

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<th>From</th>
<th>To</th>
<th>Street</th>
<th>City</th>
<th>State</th>
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Local Address (if different from legal address) Street Name: ____________________________
City: ____________________________  State: ____________________________  Zip Code: ____________________________-

Have you ever received financial aid from New York State TAP or other scholarships? Yes___No______ If yes, which institution: ____________________________
Are you a first time SUNY Maritime Student? Yes______ No______ Undergraduate______ Graduate______
Do you have a driver’s license? Yes______ No______ If yes, in what state was your license issued? ____________________________
Date Issued: ___ / ___  Driver’s License Number: ____________________________ (attach copy)
Do you own a car? Yes______ No______ If yes, what state is your car registered? ____________________________ (attach copy)
License Plate Number: ____________________________ Registration Date: ___ / ___
Are you a registered voter? Yes______ No______ If yes, in what state are you registered? ______ Registration Date: ___ / ___ (attach proof of voter registration)

In what state did you (and/or your spouse) last file resident taxes? ____________________________ (attach complete State and Federal Tax Returns along with W-2’s. If you filed part-year resident returns, include the returns for BOTH the state you left and NYS.)

Where will you file next year? ____________________________

Section B

If financially dependent on your parents, skip this section and have your parents complete Section C.

Have you lived in an apartment, house or building owned or leased by your parents for more than six (6) weeks during the last two years?
Last year (indicate tax year): ______ Yes______ No______ Prior year: _____ Yes______ No______
Were you claimed as a dependent on your parents’ federal or state income tax return?
Last year (indicate tax year): ______ Yes______ No______ Prior year: _____ Yes______ No______
Amount of financial support provided to you by your parent 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? Date: ___ / ___ (Month/Year)
List below your sources of financial support for the last two (2) years. Indicate calendar dates for each employer.

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<th>Name and Address of Employer</th>
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If not employed, please list your financial resources:


Applicant’s Affirmation: If filling out section A and/or B, please have this portion signed in the presence of a Notary Public.

I, ________________________________, do hereby affirm that I am a resident of New York State and that it is my intention to remain in New York State, and that all information provided on this form, and attachments thereto, is accurate and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York State residency status. 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 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: __ / __ / ___

Signature of Applicant

Sworn to before me this _____________ day of _____________, 20___

(Notary Public) ____________________________________________

Section C

To be completed by the person who claimed or will claim you as a dependent for income tax purposes last year.

Name: ____________________________ Relationship: __________________________

Street Name: __________________________

City: __________________________ State: __________________________ Zip Code: __________________________

Day phone: __________________________ Evening phone: __________________________

Length of time at this address (insert figures). __ / __ (If less than three years, list your prior addresses below including calendar dates at each location.)

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Enclose a copy of your Residential Rental Lease for the past 12 months, or a copy of your Deed or copies of your property tax bills for the last 12 months for your permanent and principal domicile.

Citizenship: U.S. Other If other, please specify visa type and include copy of visa: ____________________________

Are you a permanent resident alien? Yes ___ No ___ If Yes: A __________________________ Date Issued: __ / __(attach copy)

Please list states in which you filed or will file resident taxes during the last three years:

Current Year: _______ State: ____________; Prior Year: _______ State: __________________________;

Second Prior Year: _______ State: _____________.(attach complete State and Federal Tax Returns along with W-2's)
Affirmation:  **If filling out Section C, parent/guardian must have this portion signed in the presence of a Notary Public.**

I hereby certify that the above applicant is applying with my knowledge for New York State residency status at SUNY Maritime and that the above information provided is accurate and true to the best of my knowledge.

I __________________________ do hereby affirm that I am a resident of New York State and that all information provided on this form, and attachments thereto, are accurate and true 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 my student will owe non-resident tuition to the University for each semester or session that they had attended under these circumstances.

Date: ___ / ___ / ___

____________________________________________
Signature of Parent or Legal Guardian

Sworn to before me this ____________ day of ____________, 20___
(Notary Public)__________________________________________

October 2014