

**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 No: 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.)

From	To	Street	City	State

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.

From To Name and Address of Employer Hours Worked/Week & Salary

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.)

From To Street City State

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)

Do you have a driver's license? Yes ___ No ___ Indicate state and date of issue: _____ (attach copy of license)

Do you own a car? Yes ___ No ___ Indicate state and date of registration: _____ (attach copy of registration)

Are you registered to vote in NYS? Yes ___ No ___ Date of registration: _____ (attach proof with date of registration)

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