BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

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

1. Student's Name: _____
(First) (Middle) (Last)

Term for which you are applying for NYS Residency Status/Resident Tuition (Indicate term and year, e.g., Fall 2019)

☐ Fall _____ ☐ Winter_____ ☐ Spring _____ ☐ Summer _____

2. BU Student ID (B#):_____
Academic Level: ☐Undergraduate ☐Graduate/Professional

Date of Birth: Month_____Day_____Year_____

3. BU E-mail Address:_____

Telephone Number:( )_____-_____

4. Are you a U.S. Citizen? ☐ Yes ☐ No

Are you a U.S. Permanent resident alien? ☐Yes ☐No If yes, registration number A#:_____(**Attach Copy**)

Do you hold a temporary Visa? ☐Yes ☐No If yes, list visa type:_____ Expiration Date:_____/_____/_____ (**Attach Copy**)

Are you a Political Asylee/Refugee? ☐Yes ☐ No If yes, attach copies of the following:
1. I-797 Notice of Action with I-730 approval 2. Asylum/Refugee decision approval letter and I-94 3. Employment Authorization (EAD) (I-766)

5. Did you attend a New York high school for two or more years and graduate from that high school? ☐ Yes ☐ No

6. Were you admitted to the university within five years of your high school graduation date? ☐ Yes ☐ No

High School Name:_____City:_____State_____

Period of Attendance: From:_____To:_____Graduation Date: ___/____/_____

7. Do you have a GED issued by NYS? ☐ Yes ☐ No

8. Were you admitted to the university within five years of your GED? ☐ Yes ☐ No If yes, GED Issue Date: ___/____/_____

If you answered "yes" to questions 5 and 6 and are a U.S. citizen or permanent resident alien, you do not need to complete any further sections of this form. Attached a copy of your final high school transcript. Sign and date the certification below.

If you answered "yes" to questions 7 and 8 and are a U.S. citizen or permanent resident alien, you do not need to complete any further sections of this form. Attached a copy of your GED. Sign and date the certification below.

Students without lawful immigration status who have graduated from high school in New York or have a NYS GED should also submit the express application. Such students should also complete the Part B of the application.

Students who do not meet the criteria set forth above should complete a regular residency application.

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 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 SIGNATURE: _____

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PART B

STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

The following statement MUST be completed and notarized before a Notary Public.

STATE OF NEW YORK, COUNTY OF: _____

Student Name (Print):_____, being duly sworn, deposes and says that they do not currently have lawful immigration status but has filed an application to legalize their immigration status or will file such an application as soon as they are eligible to do so.

_____

(Student's signature)

Notary Public

Notary Public (Complete, sign and stamp)

Sworn to me before this_____Day of_____, 20_____(Notary Public)

BINGHAMTON UNIVERSITY
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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 applicant.

BU Student ID (B#):_____ County of Residence:_____

First:_____ Middle:_____ Last:_____

Age:_____ Date of Birth:_____/_____/_____ Marital Status ☐ Single ☐ Married

Telephone Number: ( )_____-_____ BU E-mail Address:_____

Legal Address Street:_____ City:_____State:_____Zip:_____

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): _____

State Identification and Vehicle Information:

Do you have a Driver's License? ☐ Yes ☐ No If yes, in what state:_____(**Attach Copy**) Date Issued: ____/____/____

Do you have a state issued Identification Card? ☐ Yes ☐ No If yes, in what state:_____(**Attach Copy**) Date Issued:____/___/____

Do you own a vehicle? ☐ Yes ☐ No If yes, state of registration:_____(**Attach Copy**) Date Issued: ____/____/____

Will you be registering a vehicle with Parking Services? ☐ Yes ☐ No If yes, state of registration:_____(**Attach Copy**)

Plate Number:_____Owner:_____Registration Date: ____/_____/_____

Voter Registration Information:

Are you a registered voter? ☐ Yes ☐ No If yes, state of registration:_____Registration Date:____/_____/_____(**Attach Copy**)

Section 2 - Must be completed by graduate students or student applicants 24 years of age or older. Individuals under the age of 24 are generally not eligible for independent status. Students claiming financial independent status must also provide documented evidence of financial self-sufficiency.

Are you an emancipated minor or student who is financially independent from parental support? ☐ Yes ☐ No

If yes, when did you become independent? Date:____/____/____

Amount of financial support provided to you by parents or guardians during the prior and current year:

Year: 20_____ $_____ Year: 20_____ $_____

Were you claimed as a dependent on your parents Federal or State income tax return for the prior year? ☐ Yes ☐ No

Will you be claimed as a dependent on your parents Federal or State income tax return for the current year? ☐ Yes ☐ No

List the state(s) in which you filed resident taxes during the last two years: Year: 20_____ State(s)_____ Year: 20_____ State(s)_____

List the state(s) in which you have filed or will file resident taxes for the current year: Year 20_____ State(s)_____

(**Attach complete copies of the previous year's Federal and State Income Tax Return statements)**

List below your sources of financial support for the last two (2) years. The University may request additional documentation to support the Information you provide.

From: To: Name and address of employer: Hours worked per week:

_____

_____

If not employed, list your financial resources:

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

Did you live in an apartment, house or building owned by your parents or guardians for more than six (6) weeks during the last two years?

Year: 20_____ ☐ Yes ☐ No Year: 20_____ ☐ Yes ☐ No

Will you live in an apartment, house or building owned by your parents or guardians for more than six (6) weeks during the current year?

Year: 20_____ ☐ Yes ☐ No

Applicant's Affirmation

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 New York State Resident status.

Signature of Applicant_____

Notary Public (Complete, sign and stamp)

Sworn to me before this_____Day of_____, 20_____(Notary Public)

Section 3 - To be completed by the custodial parent or court ordered legal guardian of a dependent student. Dependent students are generally undergraduate students under the age of 24.

Name:_____Relationship to student:_____

Permanent Address: _____

Length of time at this address:_____Daytime Telephone Number: ( )_____-_____

Previous Address: _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Are you a U.S. Permanent resident alien? ☐ Yes ☐ No If yes, registration number A#: _____ (**Attach Copy**)

Do you hold a temporary Visa? ☐ Yes ☐ No If yes, list visa type:_____ Expiration Date:_____/_____/_____ (**Attach Copy**)

Are you a Political Asylee/Refugee? ☐ Yes ☐ No If yes, attach copies of the following:
1. I-797 Notice of Action with I-730 approval
2. Asylum/Refugee decision approval letter and I-94
3. Employment Authorization (EAD) (I-766)

List the state(s) in which you filed resident taxes during the last two years: Year: 20_____ State(s)_____ Year: 20_____ State(s)_____

List the state(s) in which you have filed or will file resident taxes for the current year: Year 20_____ State(s)_____

(**Attach complete copies of the previous year's Federal and State Income Tax Return statements)**

Do you rent or own your residence? ☐ Rent ☐ Own (**Attach copy of current lease agreement or current year's property tax bill**)

Are you a registered voter ☐ Yes ☐ No If yes, state of registration _____ Registration Date _____ (**Attach Copy**)

Do you have a Driver's License? ☐ Yes ☐ No If yes, in what state?:_____(**Attach Copy**) Date Issued: ___/___/____

Do you have a state issued Identification Card? ☐ Yes ☐ No If yes, in what state?_____(**Attach Copy**) Date Issued: ___/___/____

Do you own a vehicle? ☐ Yes ☐ No If yes, in what state is your vehicle registered?_____(**Attach Copy**) Date Issued: ___/___/____

Parent or Custodial Parent Affirmation

The following statement MUST be completed and notarized before a Notary Public.
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. I understand that providing false information knowingly will disqualify my student from New York State Resident status.

Signature of parent or custodial parent_____

Notary Public (Complete, sign and stamp)

Sworn to me before this_____Day of_____, 20_____(Notary Public)