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

1. **Name:**  
   First  
   Middle  
   Last

2. **Student ID (B#):**  
   Date of Birth:  
   Month  
   Day  
   Year

3. **E-mail Address:**  
   Telephone Number:

4. **Are you a U.S. Citizen?**  
   - □ Yes  
   - □ No  
   **If you are a permanent resident alien?**  
   - □ Yes  
   - □ No  
   **If yes, registration number A#:**  
   ____________________________  
   (Attach Copy)

   **Are you here on a visa?**  
   - □ Yes  
   - □ No  
   **If yes, list visa type:_________ Expiration Date:_______________________**  
   (Attach Copy)

5. **Did you attend a New York high school for two or more years and graduate from that high school?**  
   - □ Yes  
   - □ No  
   **If yes, high school name and location:______________________________________________________________________**  
   **Period of Attendance:_______________________________________________________  Graduation Date:_____________**

6. **Do you have a GED issued by NYS?**  
   - □ Yes  
   - □ No  
   **Date Issued:______________________________**

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**Certification**

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: _____________________________**

If you answered “no” to question 5 or 6 and are a U.S. citizen, permanent resident alien, or have a visa, **you must** complete Part C of this Application.
State of New York:

County of __________________:

STUDENT NAME ___________________________________________________________________, being duly sworn, deposes and says that he/she does not currently have lawful immigration status but has filed an application to legalize his/her immigration status or will file such an application as soon as he/she is eligible to do so.

______________________________  (Student’s signature)

Sworn to before me this _____ day of __________________, 20__.
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)

Student ID (B#):            County of Residence:
FIRST          MIDDLE          LAST

Name:  

Legal Address:  

Street

City

State

Zip

Telephone Number:            E-mail Address:

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):

Age:            Date of Birth:  Month            Year            Day

Martial Status:

Citizenship:  ☐ USA  ☐ Other

If you are a permanent resident, alien registration number A#  ___________________________________________________________

(Attach Copy)

Are you an undocumented alien?  ☐ Yes  ☐ No

(Attach Expired Visa)

Drivers License and Vehicle Information

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, 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 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)

(Attach copy of most recent signed Federal and State Income Tax)

In what state did you (or your spouse) file resident taxes for the past two years?  ____________________

Where will you file for the current year?  ____________________

Section 2 (If you are financially dependent on your parents, proceed to Section 3)

Must be completed if you are claiming independent status. 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 and current year?

Year  20____  ☐ Yes  ☐ No  Year  20____  ☐ Yes  ☐ No  Year  20____  ☐ Yes  ☐ No

Were you or will you be claimed as a dependent on your parents federal income tax return for the prior and current year?

Year  20____  ☐ Yes  ☐ No  Year  20____  ☐ Yes  ☐ No

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

| Year | 20____ | $ _________________ | Year | 20____ | $ _________________ |

List below your sources of financial support for the last two (2) years.

From: ____________________________
To: ____________________________
Name and address of Employer: ____________________________
Hours worked per week: ____________________________

If not employed, please list your financial resources:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

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 and current year?

| Year  | 20____ | [ ] Yes | [ ] No |
| Year  | 20____ | [ ] Yes | [ ] No |
| Year  | 20____ | [ ] Yes | [ ] No |

Applicants 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

Sworn to me before this ____________ Day of _______________, 20 ______
(Notary Public)

Section 3 - To be completed by the parent or the custodial parent with whom the student resides or who claim the student as a dependent for income tax purposes.

Name: ____________________________________________ Relationship: ____________________________
Permanent Address: ____________________________________________
Length of time at this address: ____________________________ Daytime 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 returns)

| Year  | 20____ | _______________________ | Year  | 20____ | _______________________ | Year  | 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, in what state is your car 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 Binghamton University.

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 me before this ____________ Day of _______________, 20 ______
(Notary Public)