Application For New York State Residency For Tuition Billing Purposes

All applicants must complete Section A and either Section B or C. Students who indicate they are an undocumented alien will also need to complete Section D of this application. Enclose the required documents as requested in the application. Please include a cover letter explaining any extraordinary circumstances or missing documentation.

For more information: [https://www.plattsburgh.edu/cost-aid/tuition/tuition-policy.html](https://www.plattsburgh.edu/cost-aid/tuition/tuition-policy.html)

The due date is the fourth Friday of every semester.

### SECTION A (To Be Completed By All Applicants)

<table>
<thead>
<tr>
<th>Semester Applying For*</th>
<th>Are you applying due to a TAP residency review?</th>
<th>Academic Level:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Undergraduate [ ] Graduate/Professional [ ]</td>
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</table>

Student Name: ____________________________________________

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<thead>
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<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
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Student ID: .................................................... Date of Birth: .............................................. Age: ....................................................

Email Address: __________________________________________ Citizenship: ____________________________

If Other, Visa Type: (Attach Copy)

If you are a US permanent resident list your Alien Registration Number: __________________________

Are you an undocumented alien? Yes [ ] No [ ] (If yes, please complete Section D of the application)

Legal Address:

<table>
<thead>
<tr>
<th>(Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
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</table>

County: __________________________ Phone Number: __________________________ Length of Time at This Address: ________ Yrs ________ Mos

If less than three years, list previous address(es) below:

<table>
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<tr>
<th>From (MM/YY)</th>
<th>To (MM/YY)</th>
<th>Address</th>
<th>City</th>
<th>State</th>
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Local Address: (If different from above)

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<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
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</table>
SECTION A (Continued)

1. Did you attend an approved New York State high school for at least 2 years and graduate from an approved New York State high school or have you received a New York State General Equivalency Diploma (GED)?
   □ Yes □ No
   (If no, skip to line 3)

2. If yes, Year of Completion: ___________ Name of School: ___________________ City: ___________ County: ___________
   (Attach copy of final transcript or diploma.)

3. Are you, your parent, or spouse a veteran or active duty member of the U.S. Armed Forces?
   □ Yes □ No
   (If yes, please submit a copy of the Home of Record, Military Orders or DD form 214.)

4. Do you have a driver’s license or State ID? □ Yes □ No
   If yes, from what state? ___________
   (Attach License Copy)

5. Do you own a vehicle? □ Yes □ No
   If yes, in what state is your vehicle registered? ___________
   (Attach Registration Copy)

6. Will you be registering a car on campus? □ Yes □ No
   If yes, state registered? ___________
   (Attach Registration Copy)
   Plate Number: ___________ Owner: ___________

7. Are you a registered voter? □ Yes □ No
   If yes, in what state? ___________
   (Attach Copy of Voter Registration)

8. In what State(s) did you (or your spouse) file resident taxes last year? ___________
   (Attach Copy of most recent signed Federal and State Income Tax Returns)
   Where will you file for the current year? ___________

9. What is your marital status? ___________

SECTION B:
To be completed by the student. Note: If you are financially dependent on your parents they must complete Section C of the application.

Individuals under the age of 24 are generally not eligible for independent status. Students must provide evidence of one full year of independent living in order to be considered emancipated.

1. Were you, or will you, be claimed as a dependent on your parents’ federal and state income tax returns for the prior and current year?
   (Current Year) 20__ □ Yes □ No
   (Prior Year) 20__ □ Yes □ No

2. Did you, or will you, live in an apartment, house, or other residence owned by your parents for more than six (6) weeks during the last two years?
   20__ □ Yes □ No
SECTION B (Continued)

3. Do you rent or own a residence?  □ Rent  □ Own  
   (Attach copy of signed lease, deed, or tax bill.)

4. Amount of financial support provided to you by parents/guardian during the prior and current year:
   (Current Year) 20___ $ ____________  (Prior Year) 20___ $ ____________

5. Are you an emancipated minor, or an adult student who is financially independent from parental support?
   □ Yes  □ No  If Yes, when did you become independent?  _____ / _____
   Month   Year

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

<table>
<thead>
<tr>
<th>From (MM/YY)</th>
<th>To (MM/YY)</th>
<th>Name and Address of Employer</th>
<th>Hours Per Week</th>
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   If not employed, please list your financial resources (e.g. unemployment, student loans, etc.):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Applicant Signature - Please sign and date below

__________________________________________________________
Applicant Signature

__________________________________________________________
Date
Section C: To be completed by the parent or the custodial parent with whom the student lives, or who will claim the student as a dependent for income tax purposes.

Name: ___________________________ Relationship: ___________________________

Legal Address:

__________________________________________  ______________________________
(Street) (City) (State) (Zip)

County: ___________________________ Phone Number: ___________________________

Length of Time at This Address:

______________________Yrs__________Mos

Previous Address:

__________________________________________  ______________________________
(Street) (City) (State) (Zip)

Do you rent or own your residence? Citizenship: If Other, Visa Type: (Attach Copy)

☐ Rent ☐ Own ☐ U.S ☐ Other ________________________________
(Attach copy of signed lease, deed, or tax bill.)

1. Do you have a driver’s license or State ID? ☐ Yes ☐ No  If yes, from what state? _____________
(Attach License Copy)

2. Do you own a vehicle? ☐ Yes ☐ No  If yes, in what state is your vehicle registered? _____________
(Attach Registration Copy)

Please list states in which you filed, or will file, resident income tax returns during the last two years; and the current year:

(Attach copies of your most recent Federal and State income tax returns.)

20__ ________________ 20__ ________________ 20__ ________________
Year State Year State Year State

Parent Signature - Please Sign and Date Below

__________________________________________
Parent Signature

__________________________________________
Date
SECTION D:
To be completed by students who have indicated in Section A that they are an undocumented alien.

STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

The following statement must be signed before a notary public.

State of New York:

County of ____________________________) SS:

I, ________________________________, being duly sworn, depose and say

(Student’s name)

that I do not currently have lawful immigration status but have filed an application to legalize
my immigration status or will file such an application as soon as I am eligible to do so.

______________________________

(Student’s Signature)

Sworn to before me this ____ day of

______________________, 20__.

________________________________
Notary Public