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

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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<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Undergraduate [ ] Graduate/Professional</td>
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</table>

Student Name: ____________________________________________________________

<table>
<thead>
<tr>
<th>Student ID:</th>
<th>Date of Birth:</th>
<th>Age:</th>
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Email Address: ____________________________

Citizenship: [ ] U.S [ ] Other

If Other, Visa Type: (Attach Copy)

If you are a US permanent resident Are you an undocumented alien? 
list your Alien Registration Number: ___________________ [ ] Yes [ ] No (If yes, please complete Section D of the application)

Legal Address:

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

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
   - 20 ___ □ Yes □ No
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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</table>

If not employed, please list your financial resources (e.g. unemployment, student loans, etc.):

_________________________________________________________________________________
_________________________________________________________________________________

Applicant Affirmation – To Be Completed Before a Notary Public

STATE  OF NEW YORK  )
COUNTY  OF  ) SS.:

I, ________________________________________, the applicant herein, being duly sworn, do hereby affirm that all information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that knowingly providing false information or if I withhold relevant information in order to obtain the resident tuition rate, the University 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.

_______________________________________________
Applicant Signature

Sworn to before me this _____________ Day of ____________________, 20 _______

_____________________________________________
Notary Public
### 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.

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<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
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Legal Address:

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<td>Yrs Mos</td>
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Previous Address:

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<th>(Zip)</th>
</tr>
</thead>
</table>

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

- [ ] Rent
- [x] 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.)

<table>
<thead>
<tr>
<th>20____</th>
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<td>State</td>
<td>Year</td>
<td>State</td>
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<td>State</td>
</tr>
</tbody>
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### Parent Affirmation – To Be Completed Before a Notary Public

I hereby certify that the above applicant is applying with my knowledge for residency status at SUNY Plattsburgh.

STATE OF NEW YORK )
COUNTY OF ) SS.:

I, ________________________________________, being duly sworn, do hereby affirm that all information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge.

______________________________________________
Parent Signature

Sworn to before me this _____________ Day of ____________________, 20 ______

________________________________________________
Notary Public
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