

SUNY Potsdam Application for New York State Residency Status for Tuition Billing

Instructions: Please complete *all sections* and submit application with a minimum of three copies of supporting documentation showing evidence of domicile.

Deadline: Residency determinations must be made prior to the end of the first week of classes. Any residency applications submitted after the first week will be considered only for future terms.

Student P# Number: _____ County of Residence: _____

Name: _____
Last First

Permanent/Legal Address

Street City State Zip Code

Telephone Number: (_____) _____ Email Address: _____

Length of time at Permanent Address: _____ / _____
Years/Months

If fewer than three years, list prior addresses below:

Date From	Date To	Street	City	State	Zip Code
____/____/____	____/____/____	_____	_____	_____	_____
____/____/____	____/____/____	_____	_____	_____	_____
____/____/____	____/____/____	_____	_____	_____	_____

Current Local Address (If different from Permanent/Legal Address)

Street City State Zip Code

Telephone Number at Local Address: (_____) _____

Do you have another residence outside of New York State? Yes _____ No _____ If Yes, please explain.

Personal Information

Age: _____ Date of Birth: ____/____/____ Marital Status: _____

Citizenship: US _____ Other _____ (If other, visa type _____) If you are a permanent resident of the U.S., list your alien registration number _____ Date Issued ____ / ____

Do you have a driver's license? Yes _____ No _____ If Yes, in what state was your license issued? _____

Personal Information Continued

Do you own a car? Yes _____ No _____ If yes, in what state is your car registered? _____

Are you a Registered Voter? Yes _____ No _____

If yes, in what state are you registered? _____ Registration Date ____ / ____

College Information

Are you a first-time SUNY student? Yes _____ No _____ If no, previous SUNY school _____

Have you received a state financial aid award such as TAP? Yes _____ No _____

Have you had or will you be applying for a federal education loan? Yes _____ No _____

Tax Information

List states in which you (or your spouse) filed or will file resident taxes during:

Last Tax Year _____ This Tax Year _____ Next Tax Year _____

Domicile Notes (attach additional pages and documents if needed)

Why did you move to New York State and now consider New York to be your permanent and principle home?
Note: a person does not acquire New York State residency by being present in the state solely for the purpose of attending a New York State college or university.

Dependency Information

Did you or will you live in an apartment, house or building owned or leased by your parents for more than six weeks during last tax year? Yes ___ No ___ This year? Yes ___ No ___ Next year? Yes ___ No ___

Were you, or will you be claimed as a dependent on your parents' federal or state income tax return for last tax year? Yes ___ No ___ This year? Yes ___ No ___ Next year? 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

Financial Information

*If Financially Dependent, skip this section and have your provider complete the 'provider financial summary' information.

Financial Support

Residency for students who are not dependent on another person will be based on the student's history of paying for one full year of living expenses on their own, including education costs. If financially independent, you must provide evidence of your ability to pay your expenses by submitting a budget showing all expenses for the year, and sources of income covering those expenses. You may use the 'Residency Budget Template' provided to meet this requirement. Please be sure to include paycheck stubs, W-2's, or income tax returns if including employment earnings.

Provider Summary (If not claiming financially independent)

To be completed by the person who claimed or will claim you as a dependent for income tax purposes last year or this year.

Name: _____ Relationship: _____

Permanent Address:

Street City State Zip Code

Telephone Number: (_____) _____ Business Number: (_____) _____

Length of time at this address: _____ / _____ Citizenship U.S. _____ Other _____
Years/Months

List states in which you filed or will file resident taxes during:

Last Tax Year _____ This Tax Year _____ Next Tax Year _____

Special Circumstances

List any additional details which may be relevant in determining your residency status (attach additional pages and documents if needed).

Affirmation of Claimer

I do hereby affirm that the above information provided is accurate, complete and true to the best of

my knowledge. Date _____ / _____ / _____ Signature_____

PLEASE SUBMIT THIS FORM TO:

One Stop
SUNY Potsdam
44 Pierrepont Ave.
Potsdam, New York 13676-2294