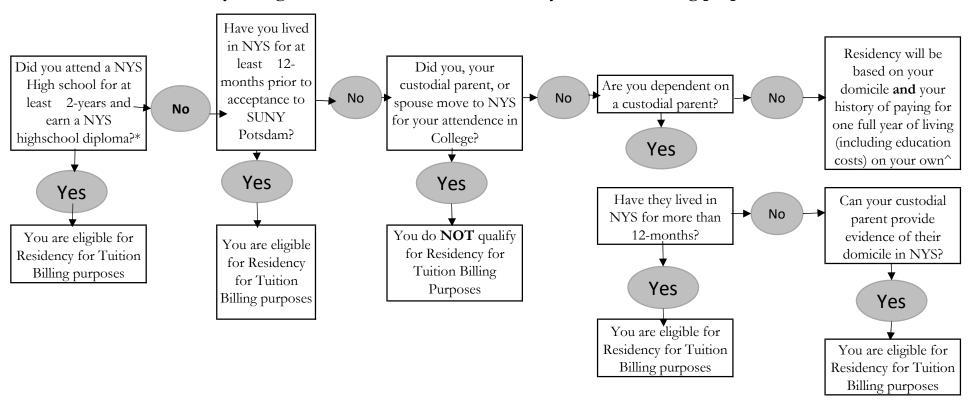
### Are you eligible for New York State Residency for tuition billing purposes?



<sup>\*</sup>Other NYS equivalency programs may be considered when determing residency status.

**Please note:** Residency eligibility for tuition billing purposes does not guarantee you will be eligible for NYS financial aid. Please consult with the Higher Education Services Corporation (HESC) regarding award eligibility.

Disclaimer: This guide is intended to be a tool to consider whether or not you should apply for residency for tuition billing purposes. Guidance listed does not guarantee you will qualify for residency. Determinations will be made based on residency application information and financial aid data provided to SUNY Potsdam.

If you believe you are eligible for in-state residency, please complete the residency application and submit it to One Stop. For full consideration, please be sure to include evidence of domicile (atleast three different documents). Students who are financially independent must also submit a budget showing they have independently paid for one-year of living expenses, including educational costs, prior to applying for residency. Residency determinations made after the add/drop period will apply to tuition charges in the following term.

<sup>^</sup>When showing financial independence, please provide a budget including all of your income sources (loans, grants, scholarships, tax return and/or paycheck stubs). **Active Duty Military** members may qualify for exceptions to Residency. Please speak with a Student Accounts representative for more details.

## In-State Residency for Tuition Billing Purposes

Application Guidance

Students who have not graduated from a NYS High School, or have not lived in NYS for at least 12-months prior to acceptance to SUNY Potsdam will be presumed out-of-state. These individuals may challenge this presumption by presenting sufficient evidence proving they are in-state residents based on guidelines set forth in SUNY policy and NYS Laws.

**Note:** Active Duty Military members should schedule an appointment to speak with a student accounts representative about residency guidelines.

#### Steps to challenge your residency status:

1.	Review	eligibility	flow c	hart to c	determine v	whethe	er or not	you s	hould	app.	ly.
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2. If you decide to challenge your status, compile the following

□ Completed Residency Application
□ Evidence of Domicile – Pertinent* Document #1
□ Evidence of Domicile – Pertinent* Document #2
□ Evidence of Domicile – Pertinent* Document #3
If financially independent:
□ Completed Residency Budget
☐ Evidence of annual expenses (billing statements, lease agreements, etc.)
□ Evidence of annual earnings (tax returns, pay check stubs, etc.)

Pertinent documents may include but are not limited to: NYS driver license or non-driver identification card; NYS motor vehicle registration; NYS voter registration; residential lease for property in NYS; proof of ownership of NYS real estate property; NYS income tax return, NYS bank account

3. Submit all required residency documentation to One Stop prior to the end of the first week of classes. *Be sure you do not submit any sensitive personal information via e-mail!* Any residency applications submitted after the first week will be considered only for future terms.

#### Additional Resources:

http://www.suny.edu/smarttrack/residency/
https://www.suny.edu/sunypp/documents.cfm?doc\_id=402
http://www.potsdam.edu/offices/studentaccounts/residency

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

**Instructions**: Please complete <u>all sections</u> 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		
treet City	State	Zip Code
Telephone Number: ()	Email Address:	
Length of time at Permanent Address:/ Years/M  If fewer than three years, list prior addresses bel	onths	
Date From Date To Street	Gity State	Zip Code
//	/	_/
	/////	/
		/
Current Local Address (If different from Per	manent/Legal Address)	
Street City	State	Zip Cod

Personal Information		
Age: Date of Birth:	/ / Marital Sta	ntus:
_		) If you are a permanent resident of the U.S., list Date Issued /
Do you have a driver's license	?? Yes No If Y	es, in what state was your license issued?
Personal Information Cont	inued	
Do you own a car? Yes	No If yes, in what	state is your car registered?
Are you a Registered Voter?	/es No	
If yes, in what state are you r	egistered?	Registration Date/
College Information		
Are you a first-time SUNY st	udent? Yes No	_ If no, previous SUNY school
Have you received a state fina	ncial aid award such as TAP?	Yes No
Have you had or will you be a	applying for a federal education	n loan? Yes No
Tax Information		
List states in which you (or yo	our spouse) filed or will file re	sident 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	a						
Did you or will you live in	an apartment, house or bu	ilding owned or leased by	your parents fo	r more than six			
weeks during last tax year?	Yes No This yes	ar? Yes No Nex	kt year? Yes	_ No			
Were you, or will you be cl	laimed as a dependent on y	our parents' federal or sta	te income tax re	eturn for			
	Were you, or will you be claimed as a dependent on your parents' federal or state income tax return for ast tax year? Yes No No Next year? Yes No						
140t tax year. 100110_	11115 year. 1e51	101 (ext year. 105	110				
Are you an emancipated m	inor or adult student who	is financially independent	from parental s	upport?			
Yes No If y	yes, when did you become	independent?	/				
		M	onth/Year				
Financial Information *If Financially Dependent, information.	skip this section and have	your provider complete the	he 'provider fina	ancial summary'			
Financial Support							
Residency for students who	o are not dependent on and	other person will be based	on the student	's history of paying for			
one full year of living expe	nses on their own, includin	ng education costs. If fina	ncially independ	lent, you must provide			
evidence of your ability to	pay your expenses by subn	nitting a budget showing a	all expenses for	the year, and sources			
of income covering those of	expenses. You may use the	e 'Residency Budget Template'	provided to me	et this requirement.			
Please be sure to include p	•		•	-			
				C			
Provider Summary (If no To be completed by the pethis year.	•	- /	or income tax p	ourposes last year or			
Name:	Name: Relationship:						
Permanent Address:							
Street	City	State		Zip Code			
Telephone Number: (	•		)	•			
Length of time at this addr							
	Years/Months	•					
List states in which you file	ed or will file resident taxes	during:					
Last Tax Year	This Tax Year _	Ne:	xt 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						

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

# Residency Budget Template

Students claiming financial independence must provide evidence of one year of independent living, including all education costs. The amount of income claimed by the student must equal or exceed expenses, including non-University housing.

12-Month Living Expense		
Housing Expenses  This should include heat, water, trash removal, etc.  Transportation Expenses  To and from school, work, family/friends, etc.  Food Include home cooked, fast food, dining out, etc.  Telephone and/or Cable  Tuition and Fees  Other:		
Clothing Allowance, Gifts, Loans, Credit Cards, etc.		
L		
Total Annual Expenses		
12-Month Income  Please describe all finanical aid sources being included:		
If listing employment earnings, please also include paycheck stubs, o	a From W2, or and Income	
Tax Return		
	Total Annual Earnings	