

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

SUNY Potsdam
44 Pierrepoint Ave.
Potsdam, New York 13676-2294
Student Accounts Office: (315) 267-2137 Fax: (315) 267-3438

SECTION A - ALL INFORMATION MUST BE COMPLETED

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: (____) _____

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? _____

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 _____

SECTION B – IF FINANCIALLY DEPENDENT ON PARENTS, SKIP THIS SECTION & HAVE PARENTS COMPLETE SECTION C:

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 Support

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

From Date	To Date	Name & Address of Employer	Hours Worked Per Week
_____ / _____ / _____	_____ / _____ / _____	_____	_____ / _____

If not employed, please indicate how you support yourself: _____

SECTION C - 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 _____

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 _____

SECTION D - ADDITIONAL RESIDENCY INFORMATION (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).

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

SECTION E - NOTE BELOW ANY SPECIAL CIRCUMSTANCES THAT MAY BE RELEVANT IN DETERMINING YOUR RESIDENCY STATUS. (attach additional pages and documents if needed)

SECTION F - APPLICANT'S AFFIRMATION

THE FOLLOWING STATEMENT MUST BE COMPLETED AND NOTARIZED BEFORE A NOTARY PUBLIC – STATE OF NEW YORK:

STATE SEAL:

COUNTY OF _____

I, _____, the applicant herein, being duly sworn, do hereby affirm that I am a bona fide legal resident domiciled in New York State and that it is my intention to remain in this state. All information provided on this form, and attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York State residency status.

Signature of Applicant

Sworn before me this _____ day of _____, _____

Signature of Notary Public

PLEASE MAIL THIS FORM TO:

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