

**Buffalo State College**  
**Application for New York State Residency Status for Tuition Billing Purposes**  
**2009 – 2010 Academic Year**

**Section A** (All information in Section A must be completed)

ID Number/Social Security Number \_\_\_\_\_ County of Residence \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Length of time at this address (insert figures) \_\_\_\_\_/\_\_\_\_\_  
Yrs. Mos.

If less than three years, list your prior addresses below.

From	To	Street	City	State

Local Address (if different from Permanent): \_\_\_\_\_  
Street City State Zip Code

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Citizenship: US  If Other: Visa Type \_\_\_\_\_

If you are a permanent resident of the U.S., list your alien registration number: A \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_

Are you a first-time SUNY student? Yes  No  Undergraduate  Graduate

Have you received a state award : Tuition Assistance Program, or TAP Scholarship Yes  No

Have you had or will you apply for a Student (bank) Loan ?? Yes  No

Do you have a driver's license? Yes  No  IF YES, in what State is your license issued ? \_\_\_\_\_

Date Issued \_\_\_\_/\_\_\_\_ Driver's License Number \_\_\_\_\_

Do you own a car?  Yes  No IF YES, in what state is your car registered? \_\_\_\_\_

License Plate Number \_\_\_\_\_ Registration Date \_\_\_\_/\_\_\_\_

Are you a registered voter?  Yes  No IF YES, in what state are you registered? \_\_\_\_\_

**Section B:** If financially *dependent* on your parents, skip this section and have your parents complete **Section C**

In what state did you (or your spouse) file resident taxes for 2008 ? \_\_\_\_\_ Where will you file for 2009 ? \_\_\_\_\_

Did you or will you live in an apartment, house, or building owned or leased by your parents for more than six (6) weeks during:  
 2008 ?  Yes  No 2009 ?  Yes  No

Were you or will you be claimed as a dependent on your parents' federal or state income tax return for:  
 2008 ?  Yes  No 2009 ?  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

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

From	To	Name and Address of Employer	Hours Worked Per Week

If not employed, please explain and attach proof of your financial resources. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C: Must be completed by the person who claimed you as a dependent for income tax purposes in 2008**

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Permanent Address \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Length of time at this address (insert figures). \_\_\_\_\_ / \_\_\_\_\_  
Years / Months

Citizenship US  Other  IF OTHER: PLEASE SPECIFY : \_\_\_\_\_

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

2008 \_\_\_\_\_ 2009 \_\_\_\_\_ 2010 \_\_\_\_\_

**Affirmation:**

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

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Section D: Applicant's Affirmation:** The following affirmation statement must be completed and signed before a Notary Public

STATE OF NEW YORK )  
) ss:  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, the applicant herein, being duly sworn, do hereby affirm that I am a resident of New York State and that it is my intention to remain in New York State, and that 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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Office Use**  
Denied \_\_\_\_\_ Approved Term: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date:

Return completed application to:  
**Buffalo State College,**  
**Office of Student Accounts, MH 260**  
**1300 Elmwood Avenue, Buffalo, NY 14222-1095**      **QUESTIONS: CALL 716-878-4121**