

State University of New York College at Old Westbury

Instructions for the Application for New York State Residency Status

"PLEASE READ ALL INSTRUCTIONS CAREFULLY."

ANY MISSING OR INCOMPLETE INFORMATION WILL DELAY REVIEW PROCESS

1. Fill out the attach application for New York State Residency Status accurately and completely. You **MUST** provide all of the information requested on the application. If you have any questions, contact the Bursar's Office at (516) 876-3168 or email: Bursar@oldwestbury.edu.

PLEASE NOTE:

The application and <u>ALL</u> supporting documentation <u>must</u> be handed "<u>PRIOR"</u> to the <u>first day of classes of</u> the term in which New York State Residency is sought.

Deadline to submit application: Fall Semester: 9/15 Winter Semester: 12/15

Spring Semester: 2/15 Summer Semester: 6/01

"Applications received after deadline date will be considered for the next semester"

- 2. The application <u>MUST</u> be notarized before it is submitted for review. Applications that are **not notarized** will not be considered for review.
- 3. You MUST submit ALL of the following items with Residency Application:
 - A. "Current" Federal and State income tax return. Submit all pages of your signed Federal and State tax returns.

Were you, or will you be "claimed" as a DEPENDENT on your parent's federal and state income tax return? If yes, Please note, that if you are claimed as a "Dependent" you must submit all pages of your parent(s) Federal and State signed income tax returns.

B. Copies of bills in your name dating back **ONE** full calendar year (12 months) for any of the following: Official signed notarized Rental or Lease Agreement, Bank Statement, Telephone, Gas, or Electric.

Hand-written rental receipts will not be accepted.

PLEASE NOTE: If you are claimed as a **Dependent**, the bills should be in the name of the person that claims you on their income tax returns.

C. Copy of one the following

New York State Driver's License

New York State Voter Registration Card

New York State Vehicle Registration

D. Copies of "ALL" Immigration and VISA information, including alien registration card.

"Please Note that this must be submitted by all NON-U.S. citizens.

4. Submit completed application and all supportive materials to:

Attention: Bursar's Office SUNY College at Old Westbury PO Box 210 Old Westbury, New York 111568

NYS Residency Application 2015

ing		SUNY OLD WESTBU	JRY		
nmer	State University of New York Application for New York State Residency Status for Tuition Billing Purposes				
ing					
	on must be completed must be completed must be completed	or inaccurate information and by the applicant. if you are claiming INDEPENDEN if you were reported as a dependent	Γ status		you are not finan
3upporting	SECTION SECTIO	ON A (MUST BE COMPLET	ED BY ALL APPLICANT	rs)	
Social Security Nbr:			County of Residence	e	
Last Name		First Name		Middle	
Legal Address					
Telephone Nbr: (Street)	City -	State		Zip code
Length of time at this a		/ If less than "three	e" years, list prior addres	s below	
Date From	Date To	Street Address	City	State	Zip Code
Local Address (if different	t from above)				

DRIVER'S LICENSE, VEHICLE INFORMATION AND VOTER REGISTRATION INFORMATION 5. Do you have a driver's license? \(\text{Yes} \) No If yes, in what state was it issued? \(\text{(attach copy)} \) 6. Date Issued \(\text{//} \) Driver's License Number 7. Do you own a car? \(\text{Yes} \) No If yes, in what state is it registered (attach copy) \(\text{...} \) 8. Are you a registered voter? \(\text{Yes} \) No If yes, in what state is it registered? \(\text{...} \)

4. Have you ever received a State Award (*TAP*, *Regents Scholarship*, *Empire State Fellowship Challenger*) □Yes □No

3. Are you a first-time SUNY student? ☐ Yes ☐ No

NYS Residency Application 2015

year? Yes No Prior Year: Yes No (attach copy of signed lease, deed, or tax bill) 2. Were you, or will you, be "claimed" as a dependent on your parent's federal or state income tax" return: Last Year: 20 Yes No Prior Year: 20 Yes No 3. Are you an "emancipated" minor or adult student who is "financially independent" from parental support? Yes No If yes, when did you become independent? Years / Months 4. List below your source of financial income for the past two (2) years: From To Name & Address of Employer Hours Per Week
Last Year: 20 \textstyrear \textstyrea
 3. Are you an "emancipated" minor or adult student who is "financially independent" from parental support? □Yes □No
If yes, when did you become independent? Years / Months 4. List below your source of financial income for the past two (2) years:
Years / Months 4. List below your source of financial income for the past two (2) years:
4. List below your source of financial income for the past two (2) years:
From To Name 2 Address of Employer Hours Day Wook
From To Name & Address of Employer Hours Per Week
If not employed, please list your financial resources:
Applicant's Affirmation:
I 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. Date Signature
SECTION C To be completed by the person who claimed you as a dependent for income tax purposes last year.
To be completed by the person who claimed you as a dependent for income tax purposes last year.
Name Relationship
Address: City State Zip code
Telephone Nbr: Home () Business: ()
Length of time at this address: Years / Months
Citizenship: (check one) U.S. Other If other, please specify
Please list the states in which you filed or will file resident taxes during the last three years:
Year State Prior Year State Second Prior Year State
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 notarized before a Notary Public
STATE OF NEW YORK
COUNTY OF
I,, the applicant herein, being duly sworn, do hereby affirm that I am a bona fide legal resident domiciled in the State of New York, and that all the information provided on this form and any attachments thereto, is accurate, complete and
true to the best of my knowledge.
and to the best of the knowledge.
Signature of Applicant
Sworn to before me this
Day of
, 20
Notary public

If financially dependent on your parent, skip this section and have your parent complete Section C

SECTION B

NYS Residency Application 2015