APPLICATION FOR NEW YORK STATE RESIDENCY STATUS
FOR TUITION BILLING PURPOSES

PART I

1. Last Name __________________________   First Name__________________  Middle Initial ___

2. Email address ________________________

3. Geneseo ID #________________________     Date of Birth______________ Phone No.________

4. Are you a U.S. Citizen?   Yes___  No___
   Are you a Permanent Resident Alien? Yes_____ No_____  
   If yes, registration number A# _______________ (Please attached copy of your card.)
   Are you here on a visa   Yes____ No___
   Type: ________________ Expiration Date:__________ (Please attached copy of your card.)

5. Did you attend a New York high school for two or more years and graduate from that high school?
   Yes_____ No________ If yes, high school name and location
   Period of Attendance:_______________________  Graduation Date:_____________

6. Do you have a GED issued by NYS?    Yes______ No______   Date Issued:__________

7. Have you graduated from a New York high school or received a NYS high school equivalency diploma
   within 5 years of application to SUNY Geneseo?    Yes_____ No______
   (If YES, please provide your official high school transcript to the Office of Financial Aid.)

To Be Completed by All Students
I certify that all information provided and all statements made in all sections of this application are true
and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain the
resident tuition rate, SUNY may revoke its determination of eligibility for the resident tuition rate and
that I will owe non-resident tuition to the University for each semester or session that I have attended
under these circumstances. I also may be subject to disciplinary action.

DATE:_________________________    STUDENT SIGNATURE__________________

Further Instructions:
➢ If you answered “YES” to question #7 AND are a U.S. Citizen or Permanent Resident Alien, STOP. You do NOT need to complete
any further sections of this form. Please submit this application and your official high school transcript to the Office of Financial
Aid at SUNY Geneseo.
➢ ALL other MUST complete Part II and prove at least 3 forms of supporting documentation.
PART II

All information in Section A must be completed.

Section B must be completed if you are an independent student.

Section C must be completed if someone other than yourself or your spouse claims you as a dependent for tax purposes.

Section A

Last 4-digits of Social Security Number XXX-XX-______ County of Residence ________________________________

Last Name _________________________________________ First Name _____________________________ MI __________

Street Name: __________________________________________

City: ______________________________ State: _____________________ Zip Code: ___ ___ ___ ___ - ___ ___ ___ ___

Telephone Number ( ) __________ - __________

Length of time at this address (insert figures). ___ / ___ (If less than three years, list your prior addresses below.)

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<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Street</th>
<th>City</th>
<th>State</th>
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Local Address (if different from above) Street Name: __________________________________________

City: ______________________________ State: _____________________ Zip Code: ___ ___ ___ ___ - ___ ___ ___ ___

Age: ___ Date of Birth: ___ / ___ / ___ Martial Status: __________ Citizenship: • U.S. • Other If other, VISA Type: __________

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

Have you received financial aid from New York State TAP or other scholarships? • Yes • No

Do you have a driver’s license? • Yes • No If yes, in what state was your license issued? ________________________________

Date Issued: ___ / ___ Driver’s License Number: ________________________________

Do you own a car? • Yes • No If yes, 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? ____________________ Registration Date: ___ / ___

In what state did you (or your spouse) last file resident taxes? __________________ Where will you file next year? __________________

Section B

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

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 the last two years?

Last year: • Yes • No Prior year: • Yes • No

Were you or will you be claimed as a dependent on your parents’ federal or state income tax return?

Last year: • Yes • No Prior 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? Date: ___ / ___ (Month/Year)
List below your sources of financial support for the last two (2) year. If you did not work, you must complete Section C.

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<tr>
<th>From</th>
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<th>Name and Address of Employer</th>
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Applicants 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 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: ___________ Student Signature: ____________________________________________________________

Section C

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

Name ___________________________________________________________ Relationship: _____________________________
Street Name: _____________________________________________________________
City: ___________________________ State: ___________________________ Zip Code: _______ _______ _______ - _______ _______
Telephone Number: Home ( ) _______ - __________ Business ( ) _______ - __________
Length of time at this address (insert figures). ___ / ___ (Years/Months)
Do you rent or own property in New York State? • Yes • No
Citizenship: • U.S. • Other If other, please specify: ______________________________

Please list 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 above information provided is accurate and true to the best of my knowledge.

Date: ___________ Signature: ____________________________________________________________

Please submit completed application and supporting documentation to:

SUNY Geneseo ∙ Office of Financial Aid ∙ Erwin 104 ∙ 1 College Circle ∙ Geneseo, NY 14454
Email: financialaid@geneseo.edu
Fax: 585-245-5717

SUPPORTING DOCUMENTATION:

If you were required to complete Part II, you must provide at least 3 forms of supporting documentation proving New York State residency.

For a list of acceptable documentation go to https://www.geneseo.edu/admissions/application-new-york-state-residency-status. See Proof of Domicile.

Applications without supporting documentation will not be reviewed.