

GENESEO

APPLICATION FOR NEW YORK STATE RESIDENCY STATUS FOR TUITION BILLING PURPOSES

The application and at least 3 forms of supporting documents regarding NYS residency must be submitted to:

SUNY Geneseo · Office of Financial Aid · Erwin 104 · 1 College Circle · Geneseo, NY 14454

Email: financialaid@geneseo.edu

Fax: 585-245-5717

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: _____

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 _____

- If you answered “yes” to question 5 or 6 and are a U.S. citizen or permanent resident alien, you do not need to complete any further sections of this form.
- If you answered “no” to question 5 or 6 and are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify for resident tuition, you must complete Part II of this Application.
- If neither situation above applies, please proceed to Part II of this Application.

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.)

From	To	Street	City	State

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: _____ (Please attach copy of license, permit.)

Do you own a car? • Yes • No If yes, what state is your car registered? _____

License Plate Number: _____ Registration Date: ____ / ____ (Please attach copy of NYS registration, if applicable.)

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? _____

(Please attach copy of most recent NYS tax return, if filed.)

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.

From	To	Name and Address of Employer	Hours Worked/Week

If not employed, please list your financial resources: _____

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: _____ 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 (Attach copy of signed lease, deed or property tax bill.)

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: _____

(Please attach signed copy of most recent state tax return.)

Affirmation:

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

Date: _____ Signature: _____