

# GENESE0

## APPLICATION FOR NEW YORK STATE RESIDENCY STATUS FOR TUITION BILLING PURPOSES

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### 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 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.

## 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: \_\_\_\_\_

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.

From	To	Name and Address of Employer	Hours Worked/Week

**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: \_\_\_\_\_

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**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](mailto: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.**