

Return fully completed form with attachments (if applicable) as noted on the bottom of page 4.

**SECTION A** - Must be completed by ALL applicants. Section B or C (whichever is applicable) must also be completed.

I am applying for New York resident tuition for the \_\_\_\_\_ (year) \_\_\_\_\_ (semester).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

County of Residence \_\_\_\_\_

Student ID# \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Length of time at above address (Months/Years): \_\_\_\_\_ / \_\_\_\_\_ (If less than 3 years, list your prior addresses below.)

Start Date	End Date	House # / Street / City / State / Zip

Local Address (if different from above) Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status \_\_\_\_\_

Citizenship U.S. \_\_\_\_ Other \_\_\_\_ If "Other", VISA Type: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you are a permanent resident, list your alien registration number: A \_\_\_\_\_ Date Issued: \_\_\_\_ / \_\_\_\_

Are you or a parent a member of the United States Armed Forces on full-time active duty? Yes \_\_\_\_ No \_\_\_\_

If yes, please **attach a copy of home of record or military orders**

**EDUCATION**

Did you attend a New York State high school or complete an approved New York State High School Equivalency (HSE) program (General Equivalency Diploma (GED) or Test Assessing Secondary Completion (TASC))?

Yes \_\_\_\_ No \_\_\_\_ If yes, graduation or completion month & year \_\_\_\_\_

High school name, city & state \_\_\_\_\_

Have you already submitted a copy of your high school/HSE transcripts or diploma to the Admissions Office?

Yes \_\_\_\_ No \_\_\_\_

If no, **attach copy of transcript or diploma** from your NYS high school or, for HSE, NYS Education Department.

**SECTION A - Continued**

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Have you previously attended SUNY Polytechnic Institute or SUNY Institute of Technology? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please indicate your level of study. Undergraduate\_\_\_\_\_ Graduate\_\_\_\_\_

Have you ever received a NY state award (TAP, Regents Scholarship, Empire State Challenger Fellowship, etc.)?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, name of institution where received\_\_\_\_\_

**DRIVER AND VEHICLE INFORMATION**

Do you have a current, valid driver's license? Yes\_\_\_ No\_\_\_ If yes, **attach a copy of your license**

Do you own a car? Yes\_\_\_ No\_\_\_ If yes, **attach a copy of your current vehicle registration**

**VOTER REGISTRATION INFORMATION** (not required for non-US citizens / permanent residents)

Are you a registered voter? Yes\_\_\_ No\_\_\_ If yes, **attach a copy of voter registration**

**TAX FILING INFORMATION**

Please list the state in which you filed or will file resident taxes for:

Last year \_\_\_\_\_ 2 years ago \_\_\_\_\_ 3 years ago \_\_\_\_\_

In what state do you plan to file resident taxes for the current year? \_\_\_\_\_

**Attach a signed copy of your most recently submitted federal and state tax returns**

**Please proceed to next page to complete section B or C**

**SECTION B - Must be completed if student is claiming independent status.**

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*If you are financially dependent on your parents, please proceed to SECTION C.*

*Individuals under the age of 22 are generally not eligible for independent status. Students must provide evidence of one year of independent living in order to be considered emancipated (independent).*

Did you live in an apartment, house, or building owned or leased by parents/family members for more than six weeks in the last 24 months? Yes \_\_\_ No \_\_\_ If yes, start date \_\_\_\_\_ end date \_\_\_\_\_ of most recent stay.

Do you rent or own your residence? Rent \_\_\_ Own \_\_\_

**Attach signed leases (for last 12 months), deed, or tax bill**

Were you or will you be claimed as a dependent on a parent's federal or state income tax return for:

**Last year:** Yes \_\_\_ No \_\_\_      **2 years ago:** Yes \_\_\_ No \_\_\_

Are you an emancipated minor or adult student who is financially independent from parental support?

Yes \_\_\_ No \_\_\_

If yes, please provide month & year of when you became independent: \_\_\_\_\_

List below your sources of financial support for the last 24 months:

Start Date	End Date	Name and address of Employer or general information about source(s) of income	Hours / Week

**APPLICANT'S AFFIRMATION**

*The following statement must be completed and notarized in the presence of a Notary Public.*

STATE OF \_\_\_\_\_ 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. IN UNDERSTAND THAT PROVIDING FALSE INFORMATION KNOWINGLY WILL DISQUALIFY ME FROM CONSIDERATION FOR NEW YORK RESIDENT STATUS.

Signature of Applicant \_\_\_\_\_

**Notary Public:** Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

**SECTION C - Must be completed if someone other than the student or student's spouse claims them as a dependent for tax purposes.** Rev063016

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

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

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

Length of time at permanent address (Months/Years): \_\_\_\_\_ / \_\_\_\_\_

Citizenship: U.S. \_\_\_ Other \_\_\_ If other, please specify visa type: \_\_\_\_\_

Please list state in which you filed or will file resident taxes for:

Last year \_\_\_\_\_ 2 years ago \_\_\_\_\_ 3 years ago \_\_\_\_\_

**Attach a signed copy of your most recently submitted federal and state tax returns**

**DRIVER AND VEHICLE INFORMATION**

Do you have a current, valid driver's license? Yes \_\_\_ No \_\_\_ If yes, **attach a copy of your license**

Do you own a car? Yes \_\_\_ No \_\_\_ If yes, **attach a copy of your current vehicle registration**

**PARENT / GUARDIAN AFFIRMATION**

The following statement must be completed and notarized in the presence of a Notary Public.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, DO HEREBY AFFIRM THAT ALL THE INFORMATION PROVIDED ON THIS FORM AND ANY ATTACHMENTS THERETO, IS ACCURATE, COMPLETE, AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent / Guardian \_\_\_\_\_

**Notary Public:** Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_

**Mail completed form (Section A and Section B or C and attachments) to:**

**Student Accounts, SUNY Polytechnic Institute, 100 Seymour Rd Utica NY 13502 or Fax: 315.792.7802**