



**Section A: All information in Section A must be completed**

College/Program: School of Graduate Studies

Student ID Number (if available): \_\_\_\_\_ NYS County of Residence: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email

Length of time at this address (insert figures): \_\_\_\_\_ / \_\_\_\_\_  
Years Months

If less than three years, list your prior addresses below

**Address 1**

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip

Length of time at this address (insert figures): \_\_\_\_\_ / \_\_\_\_\_  
Years Months

**Address 2**

\_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_  
City State Zip

Length of time at this address (insert figures): \_\_\_\_\_ / \_\_\_\_\_  
Years Months

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**Address 3**

Street \_\_\_\_\_

Apt. Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Length of time at this address (insert figures): \_\_\_\_\_

Years

/ \_\_\_\_\_  
Months

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**Local Address (if different from above)**

Street \_\_\_\_\_

Apt. Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Citizenship:  US  Other (if other; visa type): \_\_\_\_\_

If you are a permanent resident of the U.S., list your alien registration number: A \_\_\_\_\_ Date Issued (mm/dd/yyyy): \_\_\_\_\_

Are you a first time SUNY Downstate student?  Yes  No If no, previous enrollment status:  Undergraduate  Graduate

Have you received a state award (Tuition Assistance Program, Regents Scholarship, Empire State Fellowship Challenger)?  Yes  No

Have you had or will you be applying for a Stafford or Direct Federal Student Loan (formerly the Guaranteed Student Loan)?  Yes  No

Do you have a driver's license or state-issued ID card?  Yes  No If yes, in what state was your license issued? \_\_\_\_\_

Date Issued (mm/dd/yyyy): \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Do you own a car?  Yes  No If yes, in what state is your car registered? \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Registration Date (mm/dd/yyyy): \_\_\_\_\_

Are you a registered voter?  Yes  No If yes, in what state: \_\_\_\_\_

In what state did you (or your spouse) file resident taxes for 2024? \_\_\_\_\_ Where will you file for 2025? \_\_\_\_\_

## Section B: If financially dependent on your parents, skip this section and have 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

2025?  Yes  No

2026?  Yes  No

Were you or will you be claimed as a dependent on another (e.g., your parent's) federal or state income tax return for

2025?  Yes  No

2026?  Yes  No

Are you an emancipated minor adult student who is financially independent from parental support?  Yes  No

If yes, when did you become independent? (mm/yy) \_\_\_\_\_

List below the sources of financial support for the last two (2) years.

From	To	Name and Address of Employer	Hours Worked 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Do not forget to fill out and sign Section D, regardless of whether you must fill out section C or not.**

**Section C: To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2025 and in 2026:**

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

Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Length of time at this address: \_\_\_\_\_  
Years Months

Citizenship:  US  Other If other, please specify: \_\_\_\_\_

Please list states in which you filed or will file resident taxes during:

2024: \_\_\_\_\_ 2025: \_\_\_\_\_ 2026: \_\_\_\_\_

Affirmation:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

