

## **APPLYING FOR “IN-COUNTY/IN-STATE” RESIDENCY STATUS**

New York State residents may apply for “In-County” status by proving permanent residence in New York State for **one year**, and Onondaga County residence for a minimum of **six months immediately preceding the semester of enrollment**. The legal residence of an applicant 23 years of age or younger, who is claimed by a parent as a dependent, is considered to be the address of the parent.

Students requesting review must complete the attached affidavit and provide **BOTH THE MANDATORY INFORMATION LISTED BELOW AS WELL AS ANY TWO FORMS OF SUPPLEMENTAL INFORMATION**. A review of residency status will only be conducted after receipt of all required documentation. Failure to provide this documentation will result in the denial of any request for a change in residency.

### **MANDATORY INFORMATION**

1. Legal proof of age – Driver’s license, birth certificate, or passport.
2. For students twenty-three years of age or younger, a copy of the **FIRST PAGE ONLY** of the parent or guardian’s **STATE AND FEDERAL** income tax return for the year immediately preceding the request for change.
3. One copy of the **FIRST PAGE ONLY** of the student’s State and Federal Income tax return for the year immediately preceding the request for change.
4. If applicable, military orders.
5. If applicable, alien registration card or Resident VISA.

### **SUPPLEMENTAL INFORMATION**

Please provide **TWO** forms of Supplemental Information listed below. If you are currently being charged “Out of State” rates, this documentation must be dated **ONE YEAR** prior to the start of the semester for which you wish to be considered. If you are currently being charged “Out of County” rates this documentation must be dated **SIX MONTHS** prior to the start of the semester for which you wish to be considered.

1. If you rent, a copy of your lease. If you own, a copy of your mortgage statement.
2. Copy of Onondaga County Tax document for the past year.
3. Utility bills – electric, phone, cable, car or medical insurance showing the address listed on your application.
4. Bank Statement showing the address listed on your application.
5. Voter registration card.

**PLEASE NOTE: STUDENTS MUST PROVIDE COPIES OF ALL REQUESTED DOCUMENTATION. COPIES WILL NOT BE MADE AT THE BURSAR’S OFFICE.**

**ONONDAGA COMMUNITY COLLEGE  
AFFIDAVIT OF NEW YORK STATE AND/OR ONONDAGA COUNTY RESIDENCY**

**BIOGRAPHICAL INFORMATION**

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

Student ID \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone No. Home \_\_\_\_\_ Cell \_\_\_\_\_

Length of time at this address \_\_\_\_\_ (If less than 3 years, list prior addresses below)

FROM	TO	STREET	CITY	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Citizenship: US \_\_\_\_\_ Other \_\_\_\_\_ VISA Type \_\_\_\_\_

If a Permanent resident of the U.S., Alien Registration # A \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ State \_\_\_\_\_

Are you a registered voter Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever received financial aid from NYS TAP or other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

**FINANCIAL INFORMATION**

1. Did you file federal or state income tax returns?

Last year: Federal - Yes \_\_\_\_\_ No \_\_\_\_\_ State - Yes \_\_\_\_\_ No \_\_\_\_\_

2. If you are age 23 or younger, were you claimed as a dependent on your parent's federal or state income tax return?

Last year: Yes \_\_\_\_\_ No \_\_\_\_\_ Over age 23 \_\_\_\_\_

**IF YOU ANSWERED YES TO QUESTION 2, THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PERSON WHO CLAIMED OR WILL CLAIM YOU AS A DEPENDENT FOR INCOME TAX PURPOSES.**

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

Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Business No. \_\_\_\_\_

Length of time at this address \_\_\_\_\_ Citizenship US \_\_\_\_\_ Other-Please specify \_\_\_\_\_

**I DO HEREBY AFFIRM THAT THE ABOVE INFORMATION PROVIDED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature of parent or individual claiming you as a dependent)

IF YOU ANSWERED NO TO QUESTION 2, PLEASE COMPLETE THE FOLLOWING:

Are you an emancipated minor 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 years

FROM	TO	NAME & ADDRESS OF EMPLOYER	HRS WORKED/WEEK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If not employed, please list your financial resources \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S AFFIRMATION:**

The following affirmation statement must be completed and notarized before a Notary Public.

STATE OF NEW YORK                    )  
  ) ss:  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, the applicant herein, being duly sworn, do hereby affirm that I am a bona fide  
(Please print name)  
legal resident domiciled in the State of New York, and that all information provided on this form and any attachments thereto, qualify  
me for consideration for New York State residency status.

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_

\_\_\_\_\_  
Notary Public