

**ONONDAGA COMMUNITY COLLEGE
ONONDAGA COMMUNITY COLLEGE
PROOF OF RESIDENCE**

STUDENT NAME _____

STUDENT ID NUMBER _____ SEMESTER _____

DOCUMENTATION REQUIREMENTS

1. Notarized Affidavit

2. Photo ID

Required: Valid, government-issued identification (not college issued ID card)

Acceptable forms of proof:

- State Driver's License, Learner's Permit, or ID Card
- Onondaga County Sheriff's ID
- Passport
- Military ID
- Permanent Resident Card

3. Supplemental Information

Required: Two different forms of supporting documentation. One document must be dated at least a year prior to the start date of the semester being applied for placing the student in New York State. A second document must be dated no more than six months prior to the start date of the semester being applied for placing the student in Onondaga County. If the student has moved in the last year, proof of each address within the previous six months is required.

Documents must list student's full name (or parent if student is dependent)

Documents must list students physical address (P.O. boxes are not acceptable)

Acceptable forms of proof:

- Parents' Income Tax Return claiming Student ***prepared by a tax accountant***
- Student's Income Tax return ***prepared by a tax accountant***
- Bank Statement
- Utility Bill (ex. National Grid, Cable Provider, Telephone, OCWA)
- Medical Bill
- High School Transcript
- Mortgage Information or Rental/Lease Agreement
- Town/County, School, and/or Village Property Tax Bill
- Car Registration or Insurance Card
- Voter's Registration Card or printout from Board of Elections

Received by _____ Date _____

Student Accounts Approval _____ Date _____

**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 # 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 for the prior tax 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 for the prior tax year?

Yes _____ No _____

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