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 _________

____ ______ 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 ________

____ ______ NAME & ADDRESS OF EMPLOYER ________________________________ ________
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 )
COUNTY OF _________________ ) ss:

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 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