



INSTRUCTIONS:

All applicants must complete Section A and either Section B or C. Enclose the required documents as requested in the application. Please include a cover letter explaining any extraordinary circumstances or missing documentation.

SECTION A (To Be Completed By All Applicants)

Semester Applying For\*: Are you applying due to a TAP residency review? Academic Level: Undergraduate Graduate/Professional

Student Name:

Student ID: Date of Birth: Age:

Email Address: Citizenship: If Other, Visa Type: U.S. Other

If you are a US permanent resident list your Alien Registration Number: Are you an undocumented alien? Yes No

Legal Address:

County: Phone Number: Length of Time at This Address: Yrs Mos

If less than three years, list previous address(es) below:

Table with 5 columns: From (MM/YY), To (MM/YY), Address, City, State

Local Address: (If different from above)

For Office Use Only

\*Application must be filed by appropriate semester deadline for consideration. For deadline dates, visit: www.stonybrook.edu/bursar/residency

## SECTION A (Continued)

1. Did you attend an approved New York State high school for at least 2 years and graduate from an approved New York State high school or have you received a New York State General Equivalency Diploma (GED)?

Yes  No  
(If no, skip to line 3)

2. If yes,  
Year of Completion: \_\_\_\_\_ Name of School: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

(Attach copy of final transcript or diploma.)

3. Are you, your parent, or spouse a veteran or active duty member of the U.S. Armed Forces?  Yes  No  
(If yes, please submit a copy of the Home of Record, Military Orders or DD form 214.)

4. Do you have a driver's license or State ID?  Yes  No If yes, from what state? \_\_\_\_\_  
(Attach License Copy)

5. Do you own a vehicle?  Yes  No If yes, in what state is your vehicle registered? \_\_\_\_\_  
(Attach Registration Copy)

6. Will you be registering a car on campus?  Yes  No If yes, state registered? \_\_\_\_\_  
(Attach Registration Copy)  
Plate Number: \_\_\_\_\_ Owner: \_\_\_\_\_

7. Are you a registered voter?  Yes  No If yes, in what state? \_\_\_\_\_  
(Attach Copy of Voter Registration)

8. In what State(s) did you (or your spouse) file resident taxes last year? \_\_\_\_\_  
(Attach Copy of most recent signed Federal and State Income Tax Returns)

Where will you file for the current year? \_\_\_\_\_

9. What is your marital status? \_\_\_\_\_

## SECTION B:

To be completed by the student. **Note:** If you are *financially dependent* on your parents they must complete Section C of the application.

Individuals under the age of 24 are generally not eligible for independent status. Students must provide evidence of one full year of independent living in order to be considered emancipated.

1. Were you, or will you, be claimed as a dependent on your parents' federal and state income tax returns for the prior and current year?

(Current Year) 20\_\_  Yes  No

(Prior Year) 20\_\_  Yes  No

2. Did you, or will you, live in an apartment, house, or other residence owned by your parents for more than six (6) weeks during the last two years?

20\_\_  Yes  No

20\_\_  Yes  No



**SECTION C:**

To be completed by the parent or the custodial parent with whom the student lives, or who will claim the student as a dependent for income tax purposes.

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

Legal Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Length of Time at This Address: \_\_\_\_\_  
\_\_\_\_\_ Yrs \_\_\_\_\_ Mos

Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Do you rent or own your residence?  Rent  Own *(Attach copy of signed lease, deed, or tax bill.)*  
Citizenship:  U.S.  Other  
If Other, Visa Type: *(Attach Copy)* \_\_\_\_\_

1. Do you have a driver's license or State ID?  Yes  No If yes, from what state? \_\_\_\_\_  
*(Attach License Copy)*

2. Do you own a vehicle?  Yes  No If yes, in what state is your vehicle registered? \_\_\_\_\_  
*(Attach Registration Copy)*

Please list states in which you filed, or will file, resident income tax returns during the last two years; and the current year:  
*(Attach copies of your most recent Federal and State income tax returns.)*

20\_\_\_\_ Year \_\_\_\_\_ State 20\_\_\_\_ Year \_\_\_\_\_ State 20\_\_\_\_ Year \_\_\_\_\_ State

**STOP! Parent Affirmation – To Be Completed Before a Notary Public**

I hereby certify that the above applicant is applying with my knowledge for residency status at Stony Brook University.

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) SS.:

I, \_\_\_\_\_, being duly sworn, do hereby affirm that all information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge.

\_\_\_\_\_  
*Parent Signature*

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

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