



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? Yes No Academic Level: Undergraduate Graduate/Professional

Student Name: _____

Student ID: _____ (Last) Date of Birth: _____ (First) (Middle) Age: _____

Email Address: _____ Citizenship: U.S. Other If Other, Visa Type: (Attach Copy) _____

If you are a US permanent resident list your Alien Registration Number: _____ Are you an undocumented alien? Yes No (If yes, attach expired visa)

Legal Address: _____ (Street) (City) (State) (Zip)

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

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

From (MM/YY)	To (MM/YY)	Address	City	State

Local Address: (If different from above) _____ (Street) (City) (State) (Zip)

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 *financially independent* applicants. **Note:** If you are *financially dependent* on your parents, skip this section and have your parents complete **Section C**.

Individuals under the age of 22 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