

# CITY UNIVERSITY RESIDENCY FORM



Semester: \_\_\_\_\_

## CUNY RESIDENCY FORM: Part A

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
2. CUNYfirst ID/Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone No.(     ) \_\_\_\_\_ Email address: \_\_\_\_\_
3. Are you a U.S. citizen? Yes ☐ No ☐ Are you a permanent resident alien? Yes ☐ No ☐  
Are you here on a visa? Yes ☐ No ☐ Visa type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
4. Did you attend a New York State high school for two or more years, and graduate from that high school?  
Yes ☐ No ☐ If yes, high school name and address \_\_\_\_\_  
Date of Attendance From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date \_\_\_\_\_
5. Do you have a GED/TASC issued by NYS? Yes ☐ No ☐ Date Issued: \_\_\_\_\_
6. If you answered "yes" to item 4 or 5, did you apply to CUNY within 5 years of your high school graduation or receiving a GED/TASC? Yes ☐ No ☐ Date of first application to CUNY: \_\_\_\_\_
7. Are you a veteran or other individual eligible for educational assistance under federal GI bills?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach supporting documents.

**IMPORTANT:** If you answered "yes" to question 4 or 5, and to question 6, and are not lawfully present in the US, you need to complete Section B (affidavit) of this Residency Form but not Section C. If you answered "yes" to question 4 or 5, and to question 6, and are a resident of another state, you do not need to complete any other sections of this form. If you answered "yes" to question 7, you do not need to complete any other sections of this form. All other students must complete Part C of this form and submit appropriate supporting documentation.

Please note that some students who are here on visas may not be eligible for the resident tuition rate. Please refer to the CUNY Tuition and Fee Manual (see link below) for a comprehensive list of eligible visa types.

### To Be Completed by All Students

I certify that all information provided and all statements made in all sections of this Residency Form are true and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain resident status, The City University may revoke its determination of in-state residency, and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.

DATE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

- *The colleges will not review any residency determination unless the request for the review is made in writing, and all required documentation is submitted on or before the last day of finals in the semester for which resident tuition is being sought.*
- *Complete rules regarding eligibility for the resident tuition rate and appeals procedure are set forth in CUNY's Tuition and Fee Manual at <http://www.cuny.edu/about/administration/offices/ia/tuition-fee-manual.html>*



## CUNY RESIDENCY FORM: Part C

Semester: \_\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
2. CUNYfirst ID/Student ID \_\_\_\_\_ Email: \_\_\_\_\_
3. Current Address \_\_\_\_\_  
STREET CITY STATE ZIP  
A. Live with parents \_\_\_\_\_, or other relatives \_\_\_\_\_, or other than a relative \_\_\_\_\_  
1) If other relatives, describe relationship. \_\_\_\_\_  
2) If other than a relative, describe situation. \_\_\_\_\_  
\_\_\_\_\_

List below all your addresses, including temporary addresses and summer addresses during the past 12 months, starting from your current address and working backwards.

| <u>FROM</u>        | <u>TO</u>          | <u>COMPLETE ADDRESS</u> |
|--------------------|--------------------|-------------------------|
| Mo __ Day __ Yr __ | Mo __ Day __ Yr __ | STREET                  |
|                    |                    | CITY STATE ZIP          |
| Mo __ Day __ Yr __ | Mo __ Day __ Yr __ | STREET                  |
|                    |                    | CITY STATE ZIP          |
| Mo __ Day __ Yr __ | Mo __ Day __ Yr __ | STREET                  |
|                    |                    | CITY STATE ZIP          |

4. A. Parents' permanent address \_\_\_\_\_  
STREET  
CITY STATE ZIP

- B. If you are under the age of 18, does anyone other than your parents serve as your legal guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is their name and address? \_\_\_\_\_  
\_\_\_\_\_

- C. Where did you live during the last June through August period? If different from 4.A., give reason for being elsewhere during period

\_\_\_\_\_  
\_\_\_\_\_

5. A. Please list below all full-time and part-time employment (including summer employment and voluntary activities) during the past 12 months starting with the most recent employment.

| EMPLOYER | ADDRESS (CITY/STATE) | FROM  | TO    |
|----------|----------------------|-------|-------|
| _____    | _____                | _____ | _____ |
| _____    | _____                | _____ | _____ |
| _____    | _____                | _____ | _____ |

B. What is the source of your support? \_\_\_\_\_

C. Did you file a New York City/State resident income tax return during the past 12 months? \_\_\_\_\_

D. Did you file a Federal income tax return during the past 12 months? \_\_\_\_\_

6. What are your purposes for residing in New York City or New York State? \_\_\_\_\_

7. Have you applied for any financial aid, scholarships, or other benefits provided under the laws of the State of New York or the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify and indicate what benefits you are receiving. \_\_\_\_\_

8. At the present time is it your intention to permanently live in New York City or New York State?

Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_ If uncertain, please explain. \_\_\_\_\_

9. Do you have any other proof other than the items indicated for completing the Residency Form that you wish to present in support of your application to be declared a resident of New York City/New York State for the City University of New York tuition purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details and attach relevant documents.



## ALTERNATE LEASE STATEMENT

Name of the Student \_\_\_\_\_ Semester \_\_\_\_\_  
Last First MI.

Day Tel # (\_\_\_\_\_) \_\_\_\_\_ Eve. Tel # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

I lived at the above address from \_\_\_\_\_ to \_\_\_\_\_ but the lease is **NOT** in my name.  
Month/Day/Year Month/Day/Year

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### TO BE COMPLETED BY THE PERSON WHOSE NAME APPEARS ON THE LEASE OR CONTRACT

I \_\_\_\_\_ certify that I reside at the address indicated above and  
Owner's/Leasee's Name

\_\_\_\_\_ has resided with me from \_\_\_\_\_ to \_\_\_\_\_.  
Student's Name Month/Day/Year Month/Day/Year

Proof that I have resided at the above address for one year is attached (e.g. lease, telephone bill, utility bill, apartment or house insurance, mortgage statement).

Signed \_\_\_\_\_ Date \_\_\_\_\_

### NOTARIZED

Sworn before me this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_\_

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

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**I certify that the above information is accurate and complete. I understand that this information may affect my residency status at the college.**

**I understand that if I provide false information or withhold relevant information in order to obtain resident status, the City University may revoke its determination of in-state residency, and that I will owe non-resident tuition for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

### NOTARIZED

Sworn before me this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_\_

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

## CUNY RESIDENCY FORM: Part B

### Affidavit of Intent to Legalize Immigration Status

\_\_\_\_\_, being duly sworn, deposes and says that he/she does not currently  
(Student's Name)  
have lawful immigration status but, has filed an application to legalize his/her immigration status or will file  
such an application as soon as he/she is eligible to do so.

\_\_\_\_\_  
(Student's Signature)

Sworn to me this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, State of New York, County of \_\_\_\_\_.