

Seventh Avenue at 27 Street New York City 10001-5992 www.fitnyc.edu

NEW YORK STATE RESIDENCY APPLICATION

*If you have graduated from a NYS high school within the last 5 years, do not complete this application. (Submit transcripts and diploma showing date of graduation directly to the office of Admissions)

Copies of all the following documentation must be submitted with application:

Lease/proof of home ownership, and New York State ID, and Federal income tax return (1040 form), and New York State income tax return (IT201 or IT203 form), and W2s

	Section A- All in	formation in S	ection A m	ust be comple	ted.	
Name:			Address:			
Last	First	MI		Street		
Email:				City	Chata	7:
	Phone:()		County:		State	Zip
Length of time at this (required: attach lease	address Years/M e/ proof of home owne	<i>I</i> onths	If less than	three years, list	prior addresses	below
From To	Street			City		State
		equired for non		attach perman	Date issued ent resident car	
Have you ever receive	UNY student? Y/N ed a New York State aw you be applying for a S	vard? (TAP, Reg	ents Scholar	ship, Empire st	ate fellowship e udent Loan)	tc.) Y/N
Do you have a driver'	s license or state ID?	If yes, Y/N (requir	in what state ed: attach N Y	was your licen: 7 state ID)		<u>//N</u>
· · · · · · · · · · · · · · · · · · ·	If yes, in what Y/N (optional: attac	state is your ca ch vehicle regis				
Are you a registered v	voter? If ye Y/N (opti	s, in what state onal: attach vot	are you regis er registratio	n)		
•	file resident taxes for 2 ral (1040 form) and stat			e will you file f me tax returns a		

Section B- must be completed if you are a financially independent student				
Did you, or will you, live in an apartment, house or building owned or leased by your parents for more than six weeks during: $\frac{2019}{Y/N} = \frac{2020}{Y/N}$				
Were you, or will you, be claimed as a dependent on your parents' federal or state income tax return for 2019 Y/N 2020 Y/N				
Are you an emancipated minor or adult student financially independent from parental support? Y/N				
List below your sources of financial support for the last two (2) years:				
From To Name and Address of Employer Hours Worked per Week				
If not employed, please list your financial resources:				
Section C- must be completed if someone other than your spouse claims you as a dependent for tax purposes.				
To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2019.				
Name Relationship				

Truffic	Relationship
Permanent Address	
Street	City State Zip
Telephone Length of time at this address	Years/Months
US Citizen? If other, please specify	
The states in which you filed, or will file, resident taxes during:	2018 2019 2020
Affirmation: I do hereby affirm that the above information provided is accurate	te, complete and true to the best of my knowledge.
Date Signature	

Section D- must be notarized.

Applicant's Affirmation: The following affirmation statement must be completed and notarized before a Notary Public. STATE OF NEW YORK) COUNTY OF					
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 it is my intention to remain in New York State, and that all information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York State residency status.					
Signature of Applicant Sworn to before me this day of					

Incomplete applications will delay processing



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Student Budget Form

Administrative Office of the Bursar Phone: 212-217-3720 Fax: 212-217-3721

Complete this form only if you are an independent student under 24 years old.

Last Name, First Name

Student ID

Check appropriate box:

- () I have my own apartment
- () I share an apartment
- () I live with a parent or other relative

Please itemize your expenses and income for the previous 12 months:

EXPENSES PER YEAR		RESOURCES PER YEAR		
Rent/Mortgage	\$	Earnings	\$	
Utilities	\$	Financial Aid	\$	
Food	\$	Other Income	\$	
Transportation	\$	(Please explain below)		
Personal	\$			
Tuition	\$			
Educational Supplies	\$			
Other (explain below)	\$			
TOTAL	\$	TOTAL	\$	

Please use this section to explain any unusual circumstances:

Attach appropriate documentation to back up your financial independence.

Signature _____ Date _____



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ALTERNATE LEASE STATEMENT

Name of the Student	. .			Semester	
	Last	First	MI		
Student ID #			Phone # (_)	
Address				Apt #	
City	State		Zip Code		
E-Mail					
I lived at the above addre	ss fromMonth/Day/Year	to Month	but the lon/Day/Year	ease is NOT in my name.	
TO BE COMPLETED	BY THE PERSON WHO	DSE NAME .	APPEARS ON	THE LEASE OR CONTRACT	
IOwner/Lease Na	amece	ertify that I re	side at the addr	ess indicated above and	
	has resid	led with me f	rom	to Day/Year Month/Day/Year	
Student's Name			Month/	Day/Year Month/Day/Year	
	at the above address for or ance, mortgage statement).		ched (e.g. lease	e, telephone bill, utility bill,	
Signed		[Date		
NOTARIZED Sworn before me this	day of the month o	of	, 20		
Notary Public					
I certify that the above in residency status at the col		complete. I u	nderstand that t	his information may affect my	
Fashion Institute of Tech	nology may revoke its dete or session that I have atten	ermination of	in-state resider	in order to obtain resident status, ncy, and that I will owe non-residences. I also understand that I may b	ent
Signed	I	Date		_	
NOTARIZED Sworn before me this	day of the month o	f	, 20		

Notary Public