



\*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 Student and Parent Federal income tax return (1040 form), and New York State income tax return (IT201 or IT203 form), pay stubs, and W2s.

**Section A- All Information in Section A must be completed.**

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address:

Street

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Length of time at this address \_\_\_\_\_ If less than three years, list prior addresses below  
Years/Months \_\_\_\_\_

(required: attach lease/ proof of home ownership)

From To Street City State

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ US Citizen? \_\_\_\_\_  
Y/N**(Non-US Citizens)**List your permanent resident number or visa type \_\_\_\_\_ Date issued \_\_\_\_\_  
(required for non-US citizens: attach permanent resident card or visa)Are you a first-time SUNY student? \_\_\_\_\_ Are you a graduate or undergraduate student? \_\_\_\_\_  
Y/NHave you ever received a New York State award? (TAP, Regents Scholarship, Empire state fellowship etc.) \_\_\_\_\_  
Y/NHave you had or will you be applying for a Stafford Loan? (formerly the Guaranteed Student Loan) \_\_\_\_\_  
Y/NDo you have a driver's license or state ID? \_\_\_\_\_ If yes, in what state was your license issued? \_\_\_\_\_  
Y/N (required: attach NY state ID)Do you own a car? \_\_\_\_\_ If yes, in what state is your car registered? \_\_\_\_\_  
Y/N (optional: attach vehicle registration)Are you a registered voter? \_\_\_\_\_ If yes, in what state are you registered? \_\_\_\_\_  
Y/N (optional: attach voter registration)In what state did you file resident taxes for 2025? \_\_\_\_\_ Where will you file for 2026? \_\_\_\_\_  
(required: attach federal (1040 form) and state (IT201 or IT203 form) income tax returns and W2s)

**Section B- must be completed if you are a financially independent student**

Are you an emancipated minor or adult student financially independent from parental support?        Y/N

7  
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 2025.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Permanent Address \_\_\_\_\_

Street \_\_\_\_\_ City State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Length of time at this address \_\_\_\_\_  
Years/Months \_\_\_\_\_

US Citizen? Y/N If other, please specify \_\_\_\_\_

2025 2026

The states in which you filed, or will file, resident taxes during: 2024 \_\_\_\_\_  
Affirmation: I declare by affixing that the above information provided is accurate, 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.

THE FOLLOWING INFORMATION  
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 \_\_\_\_\_



**Fashion Institute  
of Technology**

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

## 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

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation	\$ _____
Personal	\$ _____
Tuition	\$ _____
Educational Supplies	\$ _____
Other (explain below)	\$ _____
<b>TOTAL</b>	\$ _____

### RESOURCES PER YEAR

Earnings	\$ _____
Financial Aid	\$ _____
Other Income (Please explain below)	\$ _____
<b>TOTAL</b>	\$ _____

Please use this section to explain any unusual circumstances:

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**Attach appropriate documentation to back up your financial independence.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## 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 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

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I \_\_\_\_\_ certify that I reside at the address indicated above and  
Owner/Lease Name \_\_\_\_\_

\_\_\_\_\_  
Student's Name \_\_\_\_\_ has resided with me from \_\_\_\_\_ to \_\_\_\_\_.  
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, Fashion Institute of Technology 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