Student ID#



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 information in Section A must be completed.					
Name:	Address:				
Last First MI	Street				
Email:	City Sta	te Zip			
SSN:Phone:()					
Length of time at this address Years/Months (required: attach lease/ proof of home ownership) If less than three years, list prior addresses below					
From To Street	City	State			
Age Date of Birth Marital Status US Citizen? Y/N					
List your permanent resident number or visa type issued issued 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?					
Have you ever received a New York State award? (TAP, Regents Scholarship, Empire state fellowship etc.)					
Have you had or will you be applying for a Stafford Loan? (formerly the Guaranteed Student Loan) $\overline{Y/N}$					
Do you have a driver's license or state ID? $\underline{\hspace{1cm}}_{Y/N}$ If yes, in what state was your license issued? $\underline{\hspace{1cm}}_{Y/N}$ (required: attach NY state ID)					
Do you own a car? If yes, in what state is your car registered? (optional: attach vehicle registration)					
Are you a registered voter? Y/N If yes, in what state are you registered? (optional: attach voter registration)					
In what state did you file resident taxes for 2022? Where will you file for 2023? (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	
Did you, or will you, live in an apartment, house or building owned or leased by your parents for more t	han six
weeks during: $\frac{2021}{Y/N}$ $\frac{2022}{Y/N}$	
Were you, or will you, be claimed as a dependent on your parents' federal or state income tax return for $20\underline{22}$ $\underline{Y/N}$ $\underline{Y/N}$	
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	
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	
The states in which you filed, or will file, resident taxes during: 2021 ———— 2022 ———— 2023 ———————————————————	
I do hereby affirm that the above information provided is accurate, complete and true to the best of my ki	nowledge.
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 bona fide legal resident domiciled in the State of New York and that it is my intention to remain in New and that all information provided on this form and any attachments thereto, is accurate, complete and trubest of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York State residency status.	at I am a York State, ae to the
Signature of Applicant Sworn to before me this day of	



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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.

T	@		
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 vour e	xpenses and incom	ne for the previous 12 r	nonths:
	F	-0 -0-	
EXPENSES PER YEAR		RESOURCES PER YEA	D
Rent/Mortgage	\$	Earnings	\$
Utilities	\$	Financial Aid	\$
Food	\$	Other Income (Please explain below)	\$
Transportation	\$		- -
Personal	\$		
Tuition	\$		
Educational Supplies	\$		
Other (explain below)	\$		
TOTAL	\$	TOTAL	\$
TOTAL Please use this section to expla	\$	TOTAL	\$



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ALTERNATE LEASE STATEMENT

Name of the Student				Semester
	Last	First	MI	
Student ID #			Phone # (
Address				Apt #
City	State		Zip Code	2
E-Mail				
	ss fromMonth/Day/Year	Mon	th/Day/Year	
	BY THE PERSON WHO			THE LEASE OR CONTRACT
IOwner/Lease Na	nme co	ertify that I	reside at the add	ress indicated above and
Student's Name	has resid	ded with me	e fromMonth/	to Day/Year Month/Day/Year
	at the above address for or	•	tached (e.g. lease	e, telephone bill, utility bill,
Signed		Date		
NOTARIZED Sworn before me this	day of the month of	of	, 20_	
Notary Public				
I certify that the above in residency status at the co		complete. I	understand that	this information may affect my
Fashion Institute of Tech	nology may revoke its det or session that I have atter	ermination	of in-state reside	n in order to obtain resident status, ncy, and that I will owe non-resident ces. I also understand that I may be
Signed	1	Date		_
NOTARIZED Sworn before me this	day of the month of	of	, 20	
Notary Public				