



FIT
Fashion Institute
of Technology

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

Student ID#

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 Student and or 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

Email: _____

SSN: _____ Phone: () _____

Address:

Street

City State Zip

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/N

Have you ever received a New York State award? (TAP, Regents Scholarship, Empire state fellowship etc.) _____
Y/N

Have you had or will you be applying for a Stafford Loan? (formerly the Guaranteed Student Loan) _____
Y/N

Do 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)

Incomplete applications will delay processing

Section B– must be completed if you are a financially independent student															
<p>Did you, or will you, live in an apartment, house or building owned or leased by your parents for more than six weeks during:</p> <table style="width: 100%;"> <tr> <td style="width: 25%;">2024</td> <td style="width: 25%;"><u> </u></td> <td style="width: 25%;">2025</td> <td style="width: 25%;"><u> </u></td> </tr> <tr> <td></td> <td style="text-align: center;">Y/N</td> <td></td> <td style="text-align: center;">Y/N</td> </tr> </table>				2024	<u> </u>	2025	<u> </u>		Y/N		Y/N				
2024	<u> </u>	2025	<u> </u>												
	Y/N		Y/N												
<p>Were you, or will you, be claimed as a dependent on your parents' federal or state income tax return for 2025<u> </u> 2026<u> </u></p> <p style="text-align: center;">Y/N Y/N</p>															
<p>Are you an emancipated minor or adult student financially independent from parental support? <u> </u></p> <p style="text-align: right;">Y/N</p>															
<p>List below your sources of financial support for the last two (2) years:</p> <table style="width: 100%;"> <thead> <tr> <th style="width: 15%;">From</th> <th style="width: 15%;">To</th> <th style="width: 50%;">Name and Address of Employer</th> <th style="width: 20%;">Hours Worked per Week</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="height: 40px;"></td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </tbody> </table>				From	To	Name and Address of Employer	Hours Worked per Week								
From	To	Name and Address of Employer	Hours Worked per Week												
<p>If not employed, please list your financial resources:</p> <hr/>															

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 _____

The states in which you filed, or will file, resident taxes during: 2024 _____ 2025 _____ 2026 _____

Affirmation:
I do hereby affirm 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. 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 _____	



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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

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

RESOURCES PER YEAR

Earnings	\$ _____
Financial Aid	\$ _____
Other Income (Please explain below)	\$ _____
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 address from _____ to _____ but the lease is NOT in my name.
Month/Day/Year Month/Day/Year

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/Lease 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

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