

**ONONDAGA COMMUNITY COLLEGE  
PROOF OF RESIDENCE**

STUDENT NAME \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_ SEMESTER \_\_\_\_\_

**DOCUMENTATION REQUIREMENTS**

**1. Notarized Affidavit**

**2. Photo ID**

***Required:*** Valid, government-issued identification (not college issued ID card)

***Acceptable forms of proof:***

State Driver's License, Learner's Permit, or ID Card  
Onondaga County Sheriff's ID  
Passport  
Military ID  
Permanent Resident Card

**3. Supplemental Information**

***Required:*** Two different forms of supporting documentation. One document must be dated at least a year prior to the start date of the semester being applied for placing the student in New York State. A second document must be dated no more than six months prior to the start date of the semester being applied for placing the student in Onondaga County. If the student has moved in the last year, proof of each address within the previous six months is required.

***Documents must list student's full name (or parent if student is dependent)***

***Documents must list students physical address (P.O. boxes are not acceptable)***

***Acceptable forms of proof:***

Parents' Income Tax Return claiming Student ***prepared by a tax accountant***  
Student's Income Tax return ***prepared by a tax accountant***  
Bank Statement  
Utility Bill (ex. National Grid, Cable Provider, Telephone, OCWA)  
Medical Bill  
High School Transcript  
Mortgage Information or Rental/Lease Agreement  
Town/County, School, and/or Village Property Tax Bill  
Car Registration or Insurance Card  
Voter's Registration Card or printout from Board of Elections

Received by \_\_\_\_\_ Date \_\_\_\_\_

Student Accounts Approval \_\_\_\_\_ Date \_\_\_\_\_

ONONDAGA COMMUNITY COLLEGE

AFFIDAVIT OF NEW YORK STATE AND/OR ONONDAGA COUNTY RESIDENCY

BIOGRAPHICAL INFORMATION

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

Student ID \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone # Home \_\_\_\_\_ Cell \_\_\_\_\_

Length of time at this address \_\_\_\_\_ (If less than 3 years, list prior addresses below)

FROM	TO	STREET	CITY	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Citizenship: US \_\_\_\_\_ Other \_\_\_\_\_ VISA Type \_\_\_\_\_

If a Permanent resident of the U.S., Alien Registration # A \_\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ State \_\_\_\_\_

Are you a registered voter? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever received financial aid from NYS TAP or other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

FINANCIAL INFORMATION

- Did you file federal or state income tax returns for the prior tax year?  
FEDERAL- Yes \_\_\_\_\_ No \_\_\_\_\_ STATE - Yes \_\_\_\_\_ No \_\_\_\_\_
- If you are age 23 or younger, were you claimed as a dependent on your parent's federal or state income tax return for the prior tax year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

IF YOU ANSWERED NO TO QUESTION 2, PLEASE COMPLETE THE FOLLOWING:

Are you an emancipated minor who is financially independent from parental support? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, when did you become independent: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Year)

List below your sources of financial support for the last two years

FROM	TO	NAME & ADDRESS OF EMPLOYER	HRS WORKED/WEEK
_____	_____	_____	_____
_____	_____	_____	_____

If not employed, please list your financial resources \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S AFFIRMATION:**

The following affirmation statement must be completed and notarized before a Notary Public.

STATE OF NEW YORK                    )  
  ) ss:  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, the applicant herein, being duly sworn, do hereby affirm that I am a bona fide  
(Please print name)

legal resident domiciled in the State of New York, and that all information provided on this form and any attachments thereto, qualify  
me for consideration for New York State residency status.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

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