ONONDAGA COMMUNITY COLLEGE 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 Acceptable forms of proof:	college issued ID card)
State Driver's License, Learner's Permit, or ID C Onondaga County Sheriff's ID Passport Military ID Permanent Resident Card	ard
3. Supplemental Information	
more than six months prior to the start date of the sem the student has moved in the last year, proof of each ac Documents must list student's full name (or parent if s Documents must list students physical address (P.O. b	tudent is dependent)
Acceptable forms of proof: Parents' Income Tax Return claiming Student p Student's Income Tax return prepared by a tax Bank Statement Utility Bill (ex. National Grid, Cable Provider, Te Medical Bill High School Transcript Mortgage Information or Rental/Lease Agreem Town/County, School, and/or Village Property Car Registration or Insurance Card Voter's Registration Card or printout from Board	ent Tax Bill
Received by	Date
Student Accounts Approval	Date

ONONDAGA COMMUNITY COLLEGE AFFIDAVIT OF NEW YORK STATE AND/OR ONONDAGA COUNTY RESIDENCY

BIOGRAPHICAL INFORMATION

City Telephone # Home Length of time at this address FROM TO STREET Age Date of Birth	S:	f less than 3 years,	Zip
Address City Telephone # Home Length of time at this address FROM TO STREET Age Date of Birth Citizenship: US Other		f less than 3 years,	Zip list prior addresses below)
Telephone # Home Length of time at this address FROM TO STREET Age Date of Birth	Cell(I	f less than 3 years,	list prior addresses below)
Length of time at this address FROM TO STREET Age Date of Birth	(I CITY	f less than 3 years,	list prior addresses below)
FROM TO STREET —————————————————————————————————	CITY		
Age Date of Birth			STATE
	Marital Status		<u> </u>
Citizenship: US Other			
	VISA Type		
If a Permanent resident of the U.S., Alien Registrat	ion # A	Date Issu	ued/
Driver's License No	Date Issued	State	
Are you a registered voter? Yes No	State	Registration Dat	e/
Have you ever received financial aid from NYS TAP	or other scholarships?	Yes No	
FINANCIAL INFORMATION			
1. Did you file federal or state income tax ref	turns for the prior tax y	ear?	
FEDERAL- Yes No	STATE - Yes N	o	
2. If you are age 23 or younger, were you cla the prior tax year?	imed as a dependent o	n your parent's fec	deral or state income tax return fo
Yes No			
IF YOU ANSWERED NO TO QUESTION 2, PLEASE CO	MPLETE THE FOLLOWII	NG:	
Are you an emancipated minor who is financially in	ndependent from parer	ntalsupport? Yes_	No
If YES, when did you become independent: Date_	/(Md	onth/Year)	
List below your sources of financial support for the	last two years		
FROM TO NAME 8	& ADDRESS OF EMPLOY	ER	HRS WORKED/WEEK

APPLICANT'S AFFIRMATION:				
The following affirmation state	ement must be co	mpleted and notarized before a Notary P	ublic.	
STATE OF NEW YORK)			
) ss:			
COUNTY OF)			
)	the applicant herein, being duly swo	rn, do herehv affirm tl	hat I am a hona
I, (Please print name)		, the applicant herein, being duly swo		
I, (Please print name) legal resident domiciled in the		, the applicant herein, being duly swo		
I, (Please print name)	State of New York	k, and that all information provided on t		
l,(Please print name) legal resident domiciled in the qualify	State of New York	k, and that all information provided on t		
l,(Please print name) legal resident domiciled in the qualify	State of New York	k, and that all information provided on t		
l,(Please print name) legal resident domiciled in the qualify	State of New York	k, and that all information provided on t		
l,(Please print name) legal resident domiciled in the qualify	State of New York	k, and that all information provided on t	his form and any attac	hments theret