

Return form to: Student Accounts

University at Buffalo
232 Capen Hall
Buffalo, NY 14260

Phone: 716-645-1800 Email: UBstudentaccounts@buffalo.edu

Deadline Dates: Fall Semester: July 15th
Winter Session: December 1st

Spring Semester: December 1st
Summer Semester: June 1st

Instructions:

All applicants must complete **Section A and D**, and **either Section B or C**. Enclose the required documents from the chart on pages 6 & 7. Please include a cover letter explaining any extraordinary circumstances. Application and documents may NOT be submitted by email or fax.

Section A: To be completed by all applicants

Section B: To be completed by applicants who are not financially dependent on their parents

Section C: To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2016 (section must be notarized by a New York State Notary Public)

Section D: To be completed by all applicants- Applicants Affirmation (section must be notarized by a New York State Notary Public)

Section A (MUST be completed by all applicants)

| | |
|--|---|
| A.1) Semester applying for: <input style="width: 90%;" type="text"/> | UB e-mail Address: <input style="width: 90%;" type="text"/> |
| Last Name <input style="width: 90%;" type="text"/> | First Name <input style="width: 90%;" type="text"/> |
| | Middle Initial <input style="width: 50%;" type="text"/> |
| Date of Birth (MM/DD/YY) <input style="width: 50%;" type="text"/> | Age <input style="width: 50%;" type="text"/> |
| Person Number from UB ID Card: <input style="width: 90%;" type="text"/> | |
| Citizenship: U.S. Citizen <input type="checkbox"/> | Other: <input type="checkbox"/> |
| | If other citizenship, list Visatype: <input style="width: 50%;" type="text"/> |
| If you are a U.S. Permanent Resident, list your Alien Registration Number <input style="width: 90%;" type="text"/> | Date Issued: <input style="width: 90%;" type="text"/> |

A.2) Legal/Permanent Address (Billing Address)

Street

City State Zip Code

County of Residence Phone Number

Length of time at current Legal/Permanent Address: Years / Months

If less than three years, list your prior address below:

| From (month/year) | To (month/year) | Street Address | City | State |
|----------------------|--------------------|----------------|------|-------|
| | | | | |
| | | | | |
| | | | | |

A.3) Local Address

Street

City

State

Zip Code

A.4) Academic information

| | | | |
|---|--|---------------------------------------|---|
| 1. Did you attend a NYS high school or an approved NYS program for General Equivalency Diploma (GED) examination within the past 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, go to Line 2 If No, go to Line 5 |
| 2. Year of graduation or completion: | <input type="text"/> | Name of high school: | <input type="text"/> |
| 3. City where high school was located: | <input type="text"/> | County where high school was located: | <input type="text"/> |
| 4. Did you attend this high school during both your junior and senior years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, complete In-State Residency-Short Form NYS HS/GED (see Student Accounts website) |
| 5. Are you, your parent, or spouse a member of the U.S. Armed Forces on full-time active duty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, complete In-State Residency-Short Form Active Duty/Veteran (see Student Accounts website) |
| 6. Are you a first-time SUNY Student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. What is your academic status? | <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate | <input type="checkbox"/> Professional (Med./Dent./Law) |
| 8. Are you receiving an assistantship or fellowship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If Yes, what type? (Attach copy of Tuition Waiver or Appointment Letter) | | | |
| <input type="checkbox"/> GA | <input type="checkbox"/> TA | <input type="checkbox"/> RA | <input type="checkbox"/> Fellowship |

A.5) Driver's License and Vehicle Registration

In what state do you have a current Driver's License?

[How can I get a New York State Driver's License?](#) (Click for link)

In what state is your vehicle registered?

A.6) Voter Registration Information

Are you a New York State registered voter?

 Yes No**A.7) Tax Filing Information****Independent Students:** In what State(s) did you (or your spouse) file resident taxes for **2016**?**Dependent Students:** In what State(s) did your parents file resident taxes for **2016**?**Independent Students:** Where will you file for **2017**?**Dependent Students:** Where will your parents file for **2017**?

Section B (To be completed by *financially independent* applicants. Note: If you are *financially dependent* on your parents, skip this section and have your parents complete Section C.)

B.1) Tax Filing Information (Please respond Yes or No)

| | | |
|---|------------------------------|-----------------------------|
| Were you born before January 1, 1993? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| As of today, are you married? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At the beginning of the 2017-2018 school year, will you be working on a master's or doctorate program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you, or will you live in an apartment, house or building owned or leased by your parents for more than six (6) weeks during 2016 ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you, or will you live in an apartment, house or building owned or leased by your parents for more than six (6) weeks during 2017 ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you, or will you be claimed as a dependent on your parents' Federal or State income Tax Return for 2016 ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you, or will you be claimed as a dependent on your parents' Federal or State Income Tax Return for 2017 ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B.2) Your sources of financial support for the last two years

| From (month/year) | To (month/year) | Name and Address of Employer | Hours Worked per Week |
|----------------------|--------------------|------------------------------|--------------------------|
|----------------------|--------------------|------------------------------|--------------------------|

If not employed, please list your financial resources:

B.3) Applicant's Affirmation of Information in Section B

I do hereby affirm that I am a resident of New York State and that it is my intention to remain in New York State, and that all information provided on this form, and attachments there to, are accurate and true to the best of my knowledge. I understand that knowingly providing false information will disqualify me from consideration for New York State residency status.

Date (MM/DD/YY) _____

Signature: _____

Print Name: _____

Section C (To be completed by the person who claimed or will claim you as a dependent for income tax purposes in 2016) All sections must be completed in full.

C.1)

Name Relationship

Citizenship: U.S. Citizen Other: If other, list Visa type:

C.2) Legal/Permanent Address (Billing address)

Street

City State Zip Code

Home Phone () Business Phone ()

Length of time at this address: Years / Months

C.3) Tax Filing Information, please list State(s) in which you filed, or will file resident taxes during:

| | |
|-------------|----------------------|
| 2016 | <input type="text"/> |
| 2017 | <input type="text"/> |

C.4) Affirmation of Information in Section C. The following affirmation must be **completed and notarized before a New York State Notary Public.**

| | |
|-----------|----------------------|
| State of | <input type="text"/> |
| County of | <input type="text"/> |

I, _____, *being duly sworn, do hereby affirm my relationship to the applicant is that of* _____ *and that all information provided on this form and any attachments thereto are accurate, complete, and true to the best of my knowledge.*

| | | | |
|------------------|-----|-------|------|
| Signature | | | |
| Sworn to me this | | | |
| | Day | Month | Year |

Notary Public: _____

Page 4 of the application MUST be signed and notarized in New York State only. Out of state notaries will not be accepted under any circumstance.

Section D

D.1) Applicant's Affirmation. The following affirmation must be completed and notarized before a New York State Notary Public. All sections must be completed in full.

| | |
|-----------|--|
| State of | |
| County of | |

I, _____, the applicant herein, being duly sworn, do hereby affirm that I am a bona fide resident domiciled in the State of New York, and that all information provided on this form and any attachments thereto, are accurate, complete, and true to the best of my knowledge.

| | | | |
|------------------------|-----|-------|------|
| Signature of Applicant | | | |
| Sworn to me this | | | |
| | Day | Month | Year |

Notary Public: _____

Page 5 of the application **MUST** be signed and notarized in New York State only. Out of state notaries will not be accepted under any circumstance.

Note: Pages 6 & 7 of this application provide a list of supporting documents that must be submitted along with your signed notarized application.

Communications are conducted through UB email, US mail, or telephone.

Applications and documents will NOT be accepted via FAX or email.

The required supporting documents listed below must be submitted together as a package with the application by the deadline. Documents must support the claim to have resided in New York State for at least 12 consecutive months prior to the start of the semester of the application. The columns to the right indicate who the required documents must come from.

Permanent Address

Your permanent address on record at the University must be the same as the address you are using to establish your residency.

Verify the **PERMANENT** address on file is your New York State address by logging onto MyUB.

Applicants MUST use the current application. If older versions of the application are submitted, the most current application will need to be submitted.

| REQUIRED SUPPORTING DOCUMENTS A clear copy of the documents listed below must be enclosed with the application for Residency for Tuition Purposes. Do not send original personal documents. All documents submitted become property of the University for permanent filing. We will not make copies or return originals. | DEPENDENT STUDENTS Documents must come from: | INDEPENDENT STUDENTS Documents must come from: |
|---|---|---|
| Proof of Citizenship or Permanent Residency Must provide a copy of ONE of the following: -U.S. Birth Certificate -U.S. Passport (Must be signed and not expired) -Certificate of Naturalization/Citizenship -Alien Registration Receipt Card with Picture (Copy both sides) -U.S. Passport Card (Copy both sides) | Student | Student |
| Non-U.S. Citizen -Copy of VISA (Must not be expired) reference visa codes on Student Accounts website: studentaccounts.buffalo.edu/residency/visacodes.php | Student AND Parent | Student |
| Driver's License -Copy of NYS Driver's License (Interim Driver's License Not Acceptable) (Out of State Driver's License is not permissible) | Student AND Parent | Student |
| Income Taxes Filed- All taxes must be signed and dated by the taxpayer -A complete copy of Federal taxes for 2016 fiscal year -A complete copy of all State taxes for 2016 fiscal year If you did not file taxes for the 2016 fiscal year, please submit a letter stating the reason why. The letter must be signed and dated by the taxpayer. | Parent | Student |
| Proof of Housing (Reflecting 12 consecutive months prior to start of semester) -Copy of deed to house or proof of home ownership -Copy of complete lease agreement (your name must be on the lease) -If your lease will expire within 60 days of the start of the semester, include a copy of a renewal, extension, or a new lease, listing your name and NYS Address. -If you are submitting a notarized letter from the landlord, it must include the date of the letter, property owner's name, your name, your NYS address and beginning and end dates of your rental agreement. This must be signed and dated by the landlord and notarized by a NYS Notary Public. | Parent | Student |

| | | |
|--|--------|---------|
| <p>***Proof of Established Utilities/Services Must provide copies of TWO of the following services. For each service, you must submit a copy of a statement from 12 months prior (see chart) to the start of the semester AND the most current. You will be submitting a total of FOUR documents. You may not submit all four documents from the same company or service. These must include your name and New York State address.</p> <ul style="list-style-type: none"> -Electric -Gas/Heating -Water -Cable/Internet <p>If Utilities are included in your housing agreement, you will need to submit four alternate documents from the list below; two dating back 12 months and two most current, listing your name and NYS address.</p> <ul style="list-style-type: none"> -Telephone (Home or Cell) -Credit card statement -Auto or home owners/renters insurance -NYS bank account statement (no canceled checks/voided checks) -Auto loan statement | Parent | Student |
| <p>Miscellaneous Must provide a copy of ONE of the following: (This document must be in your name and your New York State address)</p> <ul style="list-style-type: none"> -NYS Motor Vehicle or other personal property registration -NYS voter registration card -NYS W-2 Form (from 2016 tax year) | Parent | Student |
| <p>Supplemental Documentation (where applicable)</p> | | |
| <p>-TA/RA/GA/Fellow - copy of Graduate Tuition Remission/Scholarship Verification Form or department appointment letter for the academic year that you are applying for</p> | N/A | Student |
| <p>-**Full time active members of the US Armed Forces – copy of Home of Record form or Military Orders</p> | Parent | Student |
| <p>-High School Transcript - Non-resident students who attended a NYS high school for two or more years, graduated and applied for admission to the University within five years of receiving a NYS high school diploma; applicable GED also acceptable.</p> | N/A | Student |
| <p><u>Please include a cover letter explaining any extraordinary circumstances.</u></p> <p>**Members of the U.S. Armed Forces who provide documentation that they are on full-time active duty and stationed in New York State shall be charged in-state tuition regardless of the actual location of their domicile.</p> <p>***“Contract Statements” showing utilities, letters from the rental/leasing company, and letters from the landlord (stating that utilities are included in your agreement), will not be accepted as proof of Utilities/Services for this category. Documents related to the University, such as loan statements or billing statements, will not be accepted. You may not submit all four documents from the same company or service. Independent students - All documents must list YOUR name; documents may not be submitted in another person's name.</p> | | |

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Applications and documents will NOT be accepted via FAX or email.**