



New York State Residence Review Questionnaire

Enter Academic Year _____

Do not leave any questions blank. No decision can be made unless all 15 questions are completed and required documentation is submitted. Please fill in all dates using the mm-yyyy format (e.g. 09-2008). Mail to: NYS Higher Education Services Corporation, Residency Review Unit, 99 Washington Ave., Albany, NY 12255

1. Name (Last, First, MI)		SSN			
2. For what continuous period are you claiming legal residence in New York State? If period of residence is not continuous, list each separate period of residence.					
From	To	From	To	From	To
3. Beginning with your current address, list all your addresses for the last five years. Provide all information for each address. Enter the corresponding code under Living Status: 1 Live with Parents 2 Rent/Lease 3 Purchased 4 Live with Relatives 5 Military Housing 6 College Housing/Dorms 7 Other					
From	To	Street, City and State	Living Status <small>(Enter appropriate number)</small>	Reason for move	
4. Last high school attended _____ City _____ State _____ Date _____					
5. List all colleges attended, beginning with the most recent. Provide all information for each college. If none, check box: <input type="checkbox"/>					
From	To	College Name	City and State	Full-time	Part-time
6. List your employment or activities other than college attendance. Begin with your current employment. If none, check box: <input type="checkbox"/>					
From	To	Employer or other activity	City and State		
7. Have you filed a NYS Resident Income Tax Return?		If yes, list last 5 years filed. _____ _____ _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain why. _____			

Please fill in all dates using the mm-yyyy format (ie. 09-2008).

SSN

<p>8. Are you currently receiving student financial assistance (e.g. tuition reduction, student loans) based on your residence in a state other than New York?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate issuing state and date:</p> <p>State _____ Date _____</p>
<p>9. Are you a non-citizen who has come to the United States within the past five years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, give location and date of entry into the U.S., and your current immigration status:</p> <p>City: _____ State: _____ Date: _____</p> <p>Current Status: <input type="checkbox"/> 1. Permanent Resident <input type="checkbox"/> 2. Refugee (Check box) <input type="checkbox"/> 3. Asylum granted <input type="checkbox"/> 4. Other</p>
<p>10. For military personnel, their spouses and dependents only.</p> <p>a) Are you or your spouse currently on active duty in the military?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Is your parent currently on active duty in the military?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, give duty station and home of record:</p> <p>Base: _____ City: _____ State: _____</p> <p>Home of Record City: _____ State: _____</p> <p>If Yes, give duty station and home of record:</p> <p>Base: _____ City: _____ State: _____</p> <p>Home of Record City: _____ State: _____</p>
<p>11. Do you have a valid driver's license?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate state and date of issuance</p> <p>State _____ Date _____</p> <p>Previous driver's license</p> <p>State _____ Date _____</p>
<p>12. Do you own a motor vehicle?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate state and date of registration</p> <p>State _____ Date _____</p>
<p>13. Have you ever registered to vote?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list state and date for your last two registrations</p> <p>State _____ Date _____</p> <p>State _____ Date _____</p>
<p>14. Are you currently receiving public assistance or unemployment benefits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate issuing state, date received and type of assistance</p> <p>State _____ Date _____ Type of Assistance _____</p> <p>State _____ Date _____ Type of Assistance _____</p>
<p>15. Were you claimed as a dependent for tax purposes in the last 2 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate tax year(s), claimant's name, relationship and state of residence</p> <p>Relationship Codes: 1. Parents 2. Mother 3. Father 4. Sibling 5. Grandparents 6. Cousin 7. Aunt 8. Uncle 9. Legal Guardian 10. Other</p> <p>Year _____ Name _____ Relationship (Enter Code) _____ State _____</p> <p>Year _____ Name _____ Relationship (Enter Code) _____ State _____</p>
<p>I affirm that the evidence and information herein and submitted herewith is true and that this information will be for all purposes the equivalent of an affidavit, and if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn.</p> <p>Signature _____ Date _____</p>	