

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR  
NEW YORK CITY RESIDENT TUITION**

To qualify for CUNY New York City tuition rates, students must prove one (1) year of residency in New York City prior to the first day of classes and must not be on a temporary visa. Students must be U.S. citizens, permanent residents, refugee/asylum granted (I-94 print out) to qualify for NYC tuition rate.

**Residency forms will be not be accepted after the end of the semester (last day of final exams) for which the student is applying for a residency determination.**

**Residential Rate of Tuition for Undocumented or Out-of-Status Students:**

A law provides in-state (resident) tuition benefits to certain undocumented students. You may qualify for the lower in-state tuition if you meet one of the following eligibility criteria:

You attended an approved New York State High School for two years and graduated from an approved New York State high school and attend CUNY within 5 years of receiving a New York State High School diploma

**OR**

You attended an approved New York State program for General Equivalency Diploma (GED) exam preparation, received a GED issued within New York State, and attend CUNY within 5 years of receiving a New York State General Equivalency Diploma;

Please file the Residency form **Part A: CUNY Application** and **Part B: Affidavit of Intent to Legalize Immigration Status** available from the web site.

If you were enrolled in CUNY in the Fall 2001 semester or quarter and were authorized by CUNY to pay tuition at the resident rate, please submit **Part A: CUNY Application only** so we may verify your resident tuition status.

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR  
NEW YORK CITY RESIDENT TUITION**

**Living outside the five (5) Boroughs of New York City:**

If you live in New York State but outside the five (5) boroughs of New York City (Bronx, Manhattan, Queens, Brooklyn and Staten Island), you will need to visit the County Clerk's office where you reside to obtain a **B-81: Certificate of Residency Form** and present it to the Bursar's Office in Room A-205. The B-81 form is good for 1 calendar year. The Bursar's Office will place a Stop on student registrations that have expired B-81 forms on file.

**Residency Appeals:**

If you wish to appeal, you must notify the Admission's Office in which you submitted your application to in writing within 10 days of being notified that you have been determined to be a non-resident. Your statement should indicate why you disagree with the decision and should be placed in a sealed envelope with your name on it. The Registrar's Office will submit the Residency Form, copies of all documentation provided by you and any statement made by you, along with the determination made by the College, to the University Office of the Vice Chancellor for Legal Affairs and General Counsel.

**Need Help?**

Please visit room V-100 during the hours of:

|           |               |
|-----------|---------------|
| Monday    | 9am to 4:45pm |
| Tuesday   | 9am to 4:45pm |
| Wednesday | 9am to 4:45pm |
| Thursday  | 9am to 4:45pm |
| Friday    | 9am to 4:45pm |

## **PLEASE BRING IN COPIES**

### **INSTRUCTIONS**

#### **Required Documentation Which Must Accompany the Residency Form**

In addition to completing the residency form, students must submit required forms listed below as proof of residency. Important Note: In addition to the items indicated below, the college may, at its discretion, require the student to submit additional documentation if it believes that further proof is necessary in order that an accurate residency determination may be rendered.

#### **YOU MUST SUBMIT EITHER:**

**ONE** of the forms listed below in Column A

#### **Column A**

- Lease, deed or rent registration form (used for rent stabilized apartments) signed by the landlord which is either a public or private agency and the student or parent of the student with the same surname,
- Budget/benefit letter from New York City Public Assistance with the student's New York address covering the 12 months period immediately preceding the first day of classes and including the student's name.
- Benefit letter from Social Security with the student's New York address covering the 12 month period immediately preceding the first day of classes including the student's name.
- Copies of the most recent complete Federal or New York State tax returns with the preprinted address label and the corresponding W-2 form

**OR TWO** forms listed below in Column B

#### **Column B**

- A valid New York State driver's license showing the date of issuance one year prior to the first day of classes,
- Homeowner's or renter's insurance policy,
- Automobile registration,
- Automobile insurance certificate,
- Voter Registration certificate or card,
- New York State "non-license" which is issued to non-drivers (for identification purposes) by the Department of Motor Vehicles or other official City, State or Federal agencies, certificate or card,
- Telephone or utility bills or payment for services such as cable TV covering a period of up to 12 months,
- Monthly bank or credit card statements covering a period of 12 months (dollar amounts may be blocked out),
- Armed forces identification card DD form 2A (green),
- Attendance as a juror in New York State,
- Lease signed by the landlord (who is an individual and is not public or private agency) and the student. If the student's name does not appear on the lease, an "Alternate Lease Statement" must be completed and notarized by both the person whose name appears on the lease/contract and the student. The person whose name appears on the lease/contract must submit proof (i.e., lease, telephone, utility or similar type bills) of residency at his/her current address for the previous 12 months.
- Copies of the most recent complete Federal or New York State tax returns without the preprinted address label and the corresponding W-2 form. Responses to Federal form 4506 and New York state form 4506 requesting Federal and State tax information is acceptable if the Federal and State governments acknowledge that the party in question has in fact filed a tax return from the address noted,
- Postmarked mail addressed to a student at a New York address more than 12 months immediately preceding the first day of classes (a P.O. Box is not acceptable)



# KINGSBOROUGH COMMUNITY COLLEGE /CUNY RESIDENCY FORM

Admissions Office (Room V-100)  
2001 Oriental Boulevard, Brooklyn, NY 11235

Semester: \_\_\_\_\_

## CUNY RESIDENCY FORM: Part A

- Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
- CUNYfirst ID/Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone No.(     ) \_\_\_\_\_ Email address: \_\_\_\_\_
- Are you a U.S. citizen? Yes  No  Are you a permanent resident alien? Yes  No   
Are you here on a visa? Yes  No  Visa type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Did you attend a New York State high school for two or more years, and graduate from that high school?  
Yes  No  If yes, high school name and address \_\_\_\_\_  
Date of Attendance From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date \_\_\_\_\_
- Do you have a GED/TASC issued by NYS? Yes  No  Date Issued: \_\_\_\_\_
- If you answered "yes" to item 4 or 5, did you apply to CUNY within 5 years of your high school graduation or receiving a GED/TASC? Yes  No  Date of first application to CUNY: \_\_\_\_\_
- Are you a veteran or other individual eligible for educational assistance under federal GI bills? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach supporting documents.

**IMPORTANT:** If you answered "yes" to question 4 or 5, and to question 6, and are not lawfully present in the US, you need to complete Section B (affidavit) of this Residency Form but not Section C. If you answered "yes" to question 4 or 5, and to question 6, and are a resident of another state, you do not need to complete any other sections of this form. If you answered "yes" to question 7, you do not need to complete any other sections of this form. All other students must complete Part C of this form and submit appropriate supporting documentation.

Please note that some students who are here on visas may not be eligible for the resident tuition rate. Please refer to the CUNY Tuition and Fee Manual (see link below) for a comprehensive list of eligible visa types.

### To Be Completed by All Students

I certify that all information provided and all statements made in all sections of this Residency Form are true and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain resident status, The City University may revoke its determination of in-state residency, and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.

DATE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

- The colleges will not review any residency determination unless the request for the review is made in writing, and all required documentation is submitted on or before the last day of finals in the semester for which resident tuition is being sought.*
- Complete rules regarding eligibility for the resident tuition rate and appeals procedure are set forth in CUNY's Tuition and Fee Manual at <http://www.cuny.edu/about/administration/offices/ia/tuition-fee-manual.html>*

**CUNY RESIDENCY FORM: Part B**

Affidavit of Intent to Legalize Immigration Status

\_\_\_\_\_, being duly sworn, deposes and says that he/she does not currently  
(Student's Name)  
have lawful immigration status but, has filed an application to legalize his/her immigration status or will file  
such an application as soon as he/she is eligible to do so.

\_\_\_\_\_  
(Student's Signature)

Sworn to me this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, State of New York, County of \_\_\_\_\_.



# CUNY RESIDENCY FORM: Part C

Semester: \_\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

2. CUNYfirst ID/Student ID \_\_\_\_\_ Email: \_\_\_\_\_

3. Current Address \_\_\_\_\_  
STREET CITY STATE ZIP

A. Live with parents \_\_\_\_\_, or other relatives \_\_\_\_\_, or other than a relative \_\_\_\_\_

1) If other relatives, describe relationship. \_\_\_\_\_

2) If other than a relative, describe situation. \_\_\_\_\_

List below all your addresses, including temporary addresses and summer addresses during the past 12 months, starting from your current address and working backwards.

| <u>FROM</u>        | <u>TO</u>          | <u>COMPLETE ADDRESS</u> |
|--------------------|--------------------|-------------------------|
| Mo __ Day __ Yr __ | Mo __ Day __ Yr __ | STREET                  |
|                    |                    | CITY STATE ZIP          |
| Mo __ Day __ Yr __ | Mo __ Day __ Yr __ | STREET                  |
|                    |                    | CITY STATE ZIP          |
| Mo __ Day __ Yr __ | Mo __ Day __ Yr __ | STREET                  |
|                    |                    | CITY STATE ZIP          |

4. A. Parents' permanent address \_\_\_\_\_  
STREET  
CITY STATE ZIP

B. If you are under the age of 18, does anyone other than your parents serve as your legal guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is their name and address? \_\_\_\_\_

C. Where did you live during the last June through August period? If different from 4.A., give reason for being elsewhere during period

\_\_\_\_\_  
\_\_\_\_\_

5. A. Please list below all full-time and part-time employment (including summer employment and voluntary activities) during the past 12 months starting with the most recent employment.

| EMPLOYER | ADDRESS (CITY/STATE) | FROM  | TO    |
|----------|----------------------|-------|-------|
| _____    | _____                | _____ | _____ |
| _____    | _____                | _____ | _____ |
| _____    | _____                | _____ | _____ |

B. What is the source of your support? \_\_\_\_\_

C. Did you file a New York City/State resident income tax return during the past 12 months? \_\_\_\_\_

D. Did you file a Federal income tax return during the past 12 months? \_\_\_\_\_

6. What are your purposes for residing in New York City or New York State? \_\_\_\_\_

7. Have you applied for any financial aid, scholarships, or other benefits provided under the laws of the State of New York or the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify and indicate what benefits you are receiving. \_\_\_\_\_

8. At the present time is it your intention to permanently live in New York City or New York State?

Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_ If uncertain, please explain. \_\_\_\_\_

9. Do you have any other proof other than the items indicated for completing the Residency Form that you wish to present in support of your application to be declared a resident of New York City/New York State for the City University of New York tuition purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details and attach relevant documents.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALTERNATE LEASE STATEMENT**

Name: \_\_\_\_\_ Semester \_\_\_\_\_  
Last Name First Name

S.S.# or CUNY first Empl ID# \_\_\_\_\_ Phone No (\_\_\_\_)-\_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_  
Street Apt No City State Zip Code

I have lived at the above address from \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

But the lease is **NOT** in my name.

---

**TO BE COMPLETED BY THE PERSON WHOSE NAME APPEARS ON THE LEASE/CONTRACT.**

I \_\_\_\_\_ certify that I reside at the address indicated above and that  
Owner/Leasee's Name

\_\_\_\_\_ has resided with me from \_\_\_\_\_ to \_\_\_\_\_  
Student's Name Month/Year Month/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, or mortgage statement).

\_\_\_\_\_  
*Signature* Date \_\_\_\_\_  
mm dd yyyy

**NOTARIZED**

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, The City University may revoke its determination of in-state residency, and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.

\_\_\_\_\_  
*Signature* Date \_\_\_\_\_  
mm dd yyyy

**NOTARIZED**