

**STATE of NEW YORK, COUNTY OF SARATOGA
AFFIDAVIT AND APPLICATION FOR CERTIFICATE OF RESIDENCE
IN CONNECTION WITH ATTENDANCE AT A COMMUNITY COLLEGE**

I, _____, hereby swear (or affirm) that I reside* at:
Name

Physical Street Address City State, Zip

I have lived at the above address from ____ / ____ / ____ to present.

My current physical address is located in the Town of _____, in the County of _____, State of New York. I swear that I have been a resident* of the State of New York for a period of **at least one year immediately prior** to the date of this affidavit and application, and that I have been a resident* of the County of Saratoga for ____ of the six months immediately prior to the date of this affidavit, and that I have resided at the following places during the year **immediately prior** to the date of this application:

Former addresses include:

_____ / _____ / _____ to _____ / _____ / _____
_____ / _____ / _____ to _____ / _____ / _____

I further swear (or affirm) the following information:

Date of Birth ____ / ____ / ____ **US Citizen** Y / N **Place of Birth** USA [] **Other []:** (specify) _____
Date of high school graduation / GED (or anticipated date) ____ / ____ [] **Active Duty Military**
Social Security No. ____ -- ____ -- ____ [] **Spouse or Dependent of Active Duty Military**

Phone # (Day) _____ Mailing Address if different _____

I further state that I am registered / expect to be registered at _____ Community

College and will attend the college during the _____ / _____ semester.
(Term) (Year)

Current High School Student? Y / N If yes, _____ / _____
High School Name Grade

FOR NOTARY PUBLIC / CLERK USE ONLY:

Sworn before me this ____ day of _____, _____

Notary Public
My term expires ____ / ____ / ____

SIGNATURE OF APPLICANT / DATE

RESIDENCY PROOF SHOWN:

RENEWAL [] ____ / ____
(Term) (Year)

Certificate [] issued [] rejected by: _____ on ____ / ____ / _____

*"Resident" is defined by New York Education Law, Section 6301, paragraph 4, and Saratoga County Policy on Reimbursement of Community College Costs, Section III.

Additional proof needed: _____

Date: _____