



Higher Education Services Corporation

New York State Residence Review Questionnaire

Enter Academic Year _____

Do not leave any questions blank. No decision can be made unless all 10 questions are completed and required documentation is submitted. Please fill in all dates using the mm-yyyy format (e.g. 09-2022). 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		From		To	
-		-		-		-		-		-		-		-	
3. Beginning with your current address, list all your addresses for the last two 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 (Enter appropriate number)		Reason for move				
-		-													
-		-													
-		-													
-		-													
-		-													
4. Did you attend a New York State (NYS) high school for 2 or more years and graduate from a NYS high school? <u>Yes</u> / <u>No</u> If yes, provide the following information.															
Name of High School _____ City _____ State _____ Graduation Date: _____															
5. Have you filed a NYS Resident Income Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, list last 2 years filed. _____ _____ If no, explain why. _____										
6. Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Note: The New York State residence requirement may be waived for military personnel (and their spouses and dependents) while stationed in New York State. If applying for a waiver, you must submit documentation on official letterhead confirming duty station and active duty status. If a spouse or dependent, you also submit documentation of that status.															
7. For military personnel, their spouses and dependents only.															
a) Are you or your spouse currently on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If Yes, give duty station and home of record: Base: _____ City: _____ State: _____ Home of Record City: _____ State: _____															
b) Is your parent currently on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If Yes, give duty station and home of record: Base: _____ City: _____ State: _____ Home of Record City: _____ State: _____															

Please fill in all dates using the mm-yyyy format (ie. 09-2022).

SSN

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8. Do you have a valid driver's license?

☐

Yes

☐

No

If yes, indicate state and date of issuance

State _____

Date _____

Previous driver's license

State _____

Date _____

9. Are you currently receiving public assistance or unemployment benefits?

☐

Yes

☐

No

If Yes, indicate issuing state, date received and type of assistance

State _____ Date _____ Type of Assistance _____

State _____ Date _____ Type of Assistance _____

10. Were you claimed as a dependent for tax purposes in the last 2 years?

☐

Yes

☐

No

If Yes, indicate tax year(s), claimant's name, relationship and state of residence

Relationship Codes: 1. Parents 2. Mother 3. Father

Year _____ Name _____

Relationship
(Enter Code) _____ State _____

Year _____ Name _____

Relationship
(Enter Code) _____ State _____

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.

Signature _____

Date _____