## **Affidavit & Application for Certificate of Residence**

## In Connection with Attendance at a Community College -- County of Onondaga Mail to: Finance Department, 421 Montgomery Street - 15th Floor, Syracuse, New York 13202

Community College Attending:	Semester & Year:	
STUDENT'S FULL NAME	, hereby swear (or affirm) that I do (have) r	eside(d)* at:
3.52.1.5.52.1.4.1.2		, NY
STREET ADDRESS	, city	ZIP
n, in Onondaga County,	, and that I have been a resident of New York Sta	te for a period of one
TOWN NAME OR CITY OF SYRACUSE ear immediately prior to the date of this affidavit and that I	have been a resident of Onondaga County for	months
ut of the last 6 months and that I have resided in the follow	wing places during the PAST YEAR:	1-6 MONTHS
Address(es)	County(ies)	Dates
SAME AS ABOVE	Onondaga	to Present
		to
		to
		to
Social Security Number	Phone # (Day)	
Mailing Address (if Different)		
Citizenship: United States Citizen _	Other Visa Type	
	Resident Alien #	
FOR NOTARY PUBLIC/CLERK USE ONLY:		
Sworn to me this day of, 20		
Swort to the tills day or, 20		
Notary Public/Commissioner of Deeds		
My term expires:	SIGNATURE OF APPLICANT	DATE
* "Resident" is defined by	New York State Education Law, Section 6301	
resident is defined by	Oldic Educatori Edw, Octabil 0001	
County of Onondaga Use ONLY	Issued:	