



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 | | 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. _____ | | | | | | | | | | | | | | | |

