BARUCH COLLEGE/CUNY RESIDENCY FORM
Residency Unit
151 East 25th Street, Box H-0720, New York, NY 10010
residencyunit@baruch.cuny.edu

CUNY RESIDENCY FORM: Part A

1. Last Name____________________________________ First Name__________________ Middle Initial____

2. Soc.Sec.No. ________________________ Date of Birth _______________ Phone No. (        )_____________

   Email Address __________________________________________

3. Are you a U.S. citizen?    Yes____ No____        Are you a permanent resident alien?    Yes ____ No____

   Are you here on a visa?    Yes____ No____ Type: ____________  Expiration Date: _____________________

4. Did you attend a New York high school for two or more years, and graduate from that high school?

   Yes ____ No _____     If yes, high school name and location ________________________________________

   Period of attendance __________________________  Graduation Date  ______________________________ _

5. If you answered “yes” to item 4, did you apply to CUNY within five years of your graduation date? Yes_____ __ No_______

6. Do you have a GED issued by NYS?  Yes _______  No ________    Date Issued:  ______________________

If you answered “yes” to questions 4 and 5, or to question 6, and are a U.S. citizen or permanent resident alien, you do not need to complete
any further section of this form.

If you answered “yes” to questions 4 and 5 or to question 6, and do not currently have lawful immigration status but have filed an
application to legalize your immigration status or will file such an application as soon as you are eligible to do so, you must complete Part
B of this Residency Form (affidavit) before a Notary Public.

If you answered “no” to question 4 and are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify for resident
tuition, you must complete Part C of this Residency Form.

Please refer to the instructions to complete this form 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 college will not review any residency determination unless the request for review is made, and all the required documentation is
  submitted, during the semester for which resident tuition is being sought.

• If the college finally determines that you are a non-resident and you wish to appeal, you must notify the Office of Undergraduate
  Admissions in writing within ten days of being notified that you have been determined to be a non-resident. At that time you may submit a
  statement to the Office of Undergraduate Admissions indicating why you disagree with the College’s decision. The Office of
  Undergraduate Admissions will submit the City University Residency Form, copies of all documentation provided by you and any
  statement made by you, along with the College’s determination, to the University’s Office of the Senior Vice Chancellor for Legal Affairs
  and General Counsel.

Rev 9/13
CUNY RESIDENCY FORM: Part B

Affidavit of Intent to Legalize Immigration Status

______________________________, being duly sworn, deposes and says that he/she does not currently have lawful (Student’s Name) 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)

_____________________________________
(CUNY ID #)

Sworn to me this ____________________day of the month of ________________,20___

______________________________, State of New York, County of ________________________
(Notary Public)
CUNY RESIDENCY FORM: Part C

1. Last Name___________________________________ First Name__________________ Middle Initial____

2. Soc.Sec.No. ________________________       Email Address ____________________________________

3. Current Address__________________________________________________________
   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.

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<th>COMPLETE ADDRESS</th>
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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 this period. ________________________________________________________________
5. A. Please list below all full-time and part-time employment (including summer employment and voluntary activities) during the past twelve months starting with the most recent employment.

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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. Do you presently intend 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 on the attached instructions for completing the Residency Form you wish to present in support of your application to be declared a resident of New York City/State for City University tuition purposes?

Yes___ No___.

If yes, please provide details.

_____________________________________________________________________________________

_____________________________________________________________________________________