

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 \_\_\_\_\_, in the City/Town of \_\_\_\_\_ in the County of \_\_\_\_\_, State of New York. 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, that I have been a resident\* of the County of Saratoga for (1-6) Months within the six months immediately prior to the date of this affidavit and application, and that I have resided at the following places during the year immediately prior to the date of this application:

Current and Former Address

Dates at Address

the address shown above . . . . .

\_\_\_ / \_\_\_ / \_\_\_ to present

\_\_\_\_\_

\_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_

\_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

I further swear to (or affirm) the following information:

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: USA ( ) Other (specify) \_\_\_\_\_

Social Security No. \_\_\_ - \_\_\_ - \_\_\_ Date of high school graduation or GED \_\_\_ / \_\_\_ (month & year)

I further state that I plan to enroll in the college or institute listed below and that this affidavit and application is made for the purpose of securing from the Saratoga County Treasurer a certificate of residence pursuant to the requirements of Article 126 of the Education Law to attend:

\_\_\_\_\_ Community College for the \_\_\_\_\_ semester (name of college) (term & year)

[ ] as a matriculated student enrolled in the following degree/certificate program \_\_\_\_\_

[ ] as a non-matriculated student enrolled in the following courses:

\_\_\_\_\_ which meets ( ) on campus or (specify) \_\_\_\_\_

\_\_\_\_\_ which meets ( ) on campus or (specify) \_\_\_\_\_

\_\_\_\_\_ which meets ( ) on campus or (specify) \_\_\_\_\_

Signature of Applicant

Sworn before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Proof shown: \_\_\_\_\_

Notary Public or Commissioner of Deeds

My term expired \_\_\_ / \_\_\_ / \_\_\_ Certificate ( ) issued ( ) rejected by \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_