

**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:  
Name

\_\_\_\_\_  
Physical Street Address City State Zip

I have lived at the above address from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to present.

My current physical address is located in the Town of \_\_\_\_\_, in the County of \_\_\_\_\_, State of New York. I swear that 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, and that I have been a resident\* of the County of Saratoga for \_\_\_\_ of the six months immediately prior to the date of this affidavit, and that I have resided at the following places during the year immediately prior to the date of this application:

Former addresses include:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I further swear (or affirm) the following information:

Date of Birth ____ / ____ / ____	US Citizen Y / N	Place of Birth USA <input type="checkbox"/> Other <input type="checkbox"/> : (specify) _____
Date of high school graduation / GED (or anticipated date) ____ / ____	<input type="checkbox"/> Active Duty Military	
Social Security No. ____ - ____ - ____	<input type="checkbox"/> Spouse or Dependent of Active Duty Military	

Phone # (Day) \_\_\_\_\_ Mailing Address if different \_\_\_\_\_

I further state that I am registered / expect to be registered at \_\_\_\_\_ Community

College and will attend the college during the \_\_\_\_\_ / \_\_\_\_\_ semester.  
(Term) (Year)

Current High School Student? Y / N If yes, \_\_\_\_\_ / \_\_\_\_\_  
High School Name Grade

FOR NOTARY PUBLIC / CLERK USE ONLY:
Sworn before me this ____ day of _____,
_____ Notary Public
My term expires ____ / ____ / ____

SIGNATURE OF APPLICANT / DATE
RESIDENCY PROOF SHOWN:
RENEWAL <input type="checkbox"/> ____ / ____ (Term) (Year)
_____ _____ _____

Certificate  issued  rejected by: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*"Resident" is defined by New York Education Law, Section 6301, paragraph 4, and Saratoga County Policy on Reimbursement of Community College Costs, Section III.

Additional proof needed: \_\_\_\_\_

Date: \_\_\_\_\_