



New York State
 Higher Education Services Corporation
 99 Washington Avenue, Albany, NY 12255
 www.hesc.org

New York State Residence Review Questionnaire

Do not leave any questions blank. No decision can be made unless all 15 questions are completed and required documentation is submitted.

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														
/ /					/ /					/ /					/ /														
3. Beginning with your current address, list all your addresses for the last five years. For each entry, indicate one of the following information - purchased, leased, lived with parent(s) or other (explain). If New York State, indicate reason for move.																													
From					To					City and State					Own, rent, live with parents, or other					Reason for move									
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4. Last high school attended _____ City, State _____ Date ____/____																													
5. List all your college attendance. Begin with current, give college name and address.																													
From					To					College Name					City and State					Full-time					Part-time				
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6. List your employment or activities other than college attendance. Begin with your current employment.																													
From					To					Employer, or other activity					City and State														
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7. If you filed a NYS resident Income Tax Return, list the tax years filed. If you did not file a NYS resident Income Tax Return, explain why.										<hr/> <hr/> <hr/>																			

SSN

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<p>8. Are you currently receiving student financial assistance (e.g. tuition reduction, student loans) based on your residence in a State other than New York?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate issuing state and date</p> <p>State _____ Date ____/____/____</p>
<p>9. Have you served in the military?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, give date of military service and home of record at time of induction or enlistment</p> <p>Date ____/____/____ City, State _____</p>
<p>10. For Dependent Students Only</p> <p>Are your parent(s) currently in the military?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, give date of military service and home of record at time of induction or enlistment</p> <p>Date ____/____/____ City, State _____</p>
<p>11. Do you have a valid driver's license?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate state and date of issuance</p> <p>State _____ Date of issuance ____/____/____</p> <p>Previous driver's license</p> <p>State _____ Date of issuance ____/____/____</p>
<p>12. Do you own any motor vehicles?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate state and date of issuance</p> <p>State _____ Date ____/____/____ License Plate Number _____</p>
<p>13. Have you ever registered to vote?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list state and date for your last two registrations</p> <p>State _____ Date voted ____/____/____</p> <p>State _____ Date voted ____/____/____</p>
<p>14. Are you currently receiving public assistance or unemployment benefits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate issuing state, date received and type of assistance</p> <p>State _____ Date ____/____/____ Type of Assistance _____</p> <p>State _____ Date ____/____/____ Type of Assistance _____</p>
<p>15. Were you claimed as a dependent for tax purposes in the last 2 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate tax year(s), claimant's name, relationship and state of residence</p> <p>Year _____ Name _____ Relationship _____ State _____</p> <p>Year _____ Name _____ Relationship _____ State _____</p>
<p>I affirm that the evidence and information herein and submitted herewith is true and that this information will be for all purposes the equivalent of an affidavit, and if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn.</p> <p>Signature _____ Date ____/____/____</p>	