AFFIDAVIT (OR AFFIRMATION) AND APPLICATION FOR CERTIFICATE OF RESIDENCE, PURSUANT TO SECTION 6305 OF THE EDUCATION LAW, IN CONNECTION WITH ATTENDANCE AT A COMMUNITY COLLEGE

STATE OF NEW YORK)
)
COUNTY OF DUTCHESS)

SEMESTER/YEAR:_____

TELEPHONE #: (___) _____ -_____

I, _____ do hereby swear (or affirm) that I reside at,

_____Zip Code _____

in the (check one) ☐ City ☐ Town or ☐ Village of _____, County of Dutchess, State of New York; that I now am and have for a period of at least one year immediately prior to the date of this affidavit (or affirmation) and application, been a resident of the State of New York; that I now am, or have been for a period of _____ months **within the six months immediately prior to the date of this affidavit** (or affirmation) and application**a resident of the County of Dutchess; and that I have lived at the following places during the year immediately prior to the date of this affidavit (or affirmation) and application:

IF LESS THAN 6 MONTH AT THE ABOVE ADDRESS, LIST YOUR ADDRESSES FOR PAST YEAR

Addresses	**Dates**
_____	From _____ To _____
_____	From _____ To _____

Citizenship: U.S. Citizen _____ Other _____ Visa Type _____
Resident Alien #_____

I further state that I plan to enroll in _____ (College or Institute) and that this affidavit (or affirmation) and application is made for the purpose of securing from the Chief Fiscal Officer of the County of Dutchess a Certificate of Residence pursuant to the requirements of Article 126 of the Education Law.

_____ _____
Signature of Applicant (Before Notary Public) Date

Sworn to (or affirmed) before this
_____day of _____, 20___

_____
Notary Public or Commissioner of Deeds

** In the event that a person qualifies as above for state residence, but has been a resident of two or more counties in the state during the six months preceding his application for a certificate of residence pursuant to section 6305 of this chapter, the charges to the counties of residence shall be allocated among the several counties proportional to the number of months, or fraction thereof, of residence in each county.

THIS SPACE IS FOR USE OF CHIEF FISCAL OFFICER OF COUNTY

Certificate Issued ( ) Certificate Not Issued ( )

Date:_____ By:_____

Motor Vehicle Operator's License No:

_____

License Issue Date: _____
Other Proof *(if required)*: _____

_____