

**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 ALLEGANY)

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 Allegany, State of New York; and 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 Allegany; and that
I have lived at the following places during the year immediately prior to the date of this affidavit (or
affirmation) and application:

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 Allegany 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 me this
_____ day of _____, 20____

Notary Public

**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 ()	Motor Vehicle Operator's License No: _____
Date: _____ By: _____	License Issue Date: _____
	Other Proof (if required): _____