## STATE of NEW YORK, COUNTY OF SARATOGA AFFIDAVIT AND APPLICATION FOR CERTIFICATE OF RESIDENCE IN CONNECTION WITH ATTENDANCE AT A COMMUNITY COLLEGE

,Name	, hereby swear (or affirm) that I reside 'a
Physical Street Address	City State, Zip
nave lived at the above address from//	_ to present.
New York. I swear (or affirm) that I have been a resident rior to the date of this affidavit and application, and that I l	, in the County of, St * of the State of New York for a period of at least one year immediate have been a resident* of the County of Saratoga for of the six mone resided at the following places during the year immediately prior to tion is a crime punishable by law):
ormer addresses include:	
	/ to//
	/ to/
further swear (or affirm) the following information:	es USA O
ate of Birth / / US Citizen? O N	Place of Birth: Other (specify)
ate of high school graduation / GED (or anticipated date	e)/ Active Duty Military
ocial Security No	Spouse or Dependent of Active Duty Milita
none # (Day) Email Addres	SS:
ailing Address if different	
further state that I am registered / expect to be registered at	Community
ollege and will attend the college during the	/ semester.
A 1/	(Year)
urrent High School Student? O No If yes,	High School Name / Grade
	Tilgii School Name Glade
FOR NOTARY PUBLIC / CLERK USE ONLY:	
Sworn before me this day of,	SIGNATURE OF APPLICANT / DATE
Notary Public	RESIDENCY PROOF SHOWN:
My term expires/	RENEWAL[]/
ing telli expires//	(Term) (Year)
ertificate [ ] issued [ ] rejected by:	on / /
	1 4, and Saratoga County Policy on Reimbursement of Community College Costs, Section
dditional proof needed:	
Pate:	Rev. 08/202