

\*\*\*\*\* PLEASE PRINT \*\*\*\*\*

AFFIDAVIT (OR AFFIRMATION) AND APPLICATION FOR CERTIFICATION OF RESIDENCE,  
PURSUANT TO SECTION 6301 AND 6305 OF THE EDUCATION LAW

STATE OF NEW YORK  
COUNTY OF SENECA

DATE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

I, \_\_\_\_\_

DO HEREBY SWEAR (OR AFFIRM) THAT I RESIDE AT:

\_\_\_\_\_

IN THE TOWN OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
STATE OF NEW YORK: THAT I NOW AM AND HAVE FOR A PERIOD OF ONE YEAR PRIOR  
TO THE DATE OF THIS AFFIDAVIT (OR AFFIRMATION) HAS BEEN A RESIDENT OF THE  
STATE OF NEW YORK; THAT I NOW AM, OR HAVE BEEN FOR A PERIOD OF SIX MONTHS  
PRIOR TO THE DATE OF THIS AFFIDAVIT (OR AFFIRMATION) A RESIDENT OF THE  
COUNTY OF SENECA.

IF LESS THAN SIX MONTHS AT THE ABOVE ADDRESS, LIST YOUR ADDRESSES FOR THE  
PAST YEAR:

ADDRESSES:

DATES (FROM-TO)

\_\_\_\_\_

\_\_\_\_\_

I FURTHER STATE I PLAN TO ENROLL IN \_\_\_\_\_ COMMUNITY  
COLLEGE AND THAT THIS AFFIDAVIT (OR AFFIRMATION) AND APPLICATION IS MADE  
FOR THE SOLE PURPOSE OF SECURING FROM THE CHIEF FISCAL OFFICER OF THE  
COUNTY OF SENECA A CERTIFICATE OF RESIDENCE PURSUANT TO THE  
REQUIREMENTS OF ARTICLE 126 OF THE EDUCATION LAW.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO (OR AFFIRMED) BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC