

***** 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