



100 Reservoir Road
 Herkimer, NY 13350
www.herkimer.edu
 Tel: (315) 866-0300 or (888) 464-4222
 Fax: (315) 866-5497

IMPORTANT:
 STUDENT MUST COMPLETE ALL BOXED AREAS (A-G)
 SEE INSTRUCTIONS ON REVERSE SIDE
 PLEASE PRINT!

A	Social Security Number: _____ - _____ - _____ Semester: _____ Year: _____ <p style="text-align: center;">All Certificates of Residence should have the student's Social Security Number listed</p>
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AFFIDAVIT (OR AFFIRMATION) & APPLICATION FOR CERTIFICATE OF RESIDENCE
Pursuant to Sections 6301 & 6305 of the Education Law

B	State of New York, County of _____ <p style="text-align: center;">(Home County)</p>
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C	Have you ever been issued a Certificate of Residence by the County in Box B? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year? _____
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D	I, _____ do hereby swear (or affirm) that I reside at (street address) _____, in the (City) (Village) (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) 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 _____
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E	Permanent Address: _____ From: _____ To: PRESENT (Month / Year) If less than one year at the above address, list your addresses for the PAST YEAR: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Address</th> <th style="width: 30%;">Dates (From – To)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Address	Dates (From – To)	_____	_____	_____	_____	_____	_____
Address	Dates (From – To)								
_____	_____								
_____	_____								
_____	_____								

F	Citizenship: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Other VISA Type: _____ Resident Alien Number: _____ I further state that I plan to enroll in Herkimer County 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 _____ a certificate of residence pursuant to the requirements of Article 126 of the Education Law.
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YOUR SIGNATURE MUST BE NOTARIZED
 Sworn to before me this _____
 day of _____, 20_____.

G	_____ (Your Signature) (Date)
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 (Notary Public or Commissioner of Deeds)

 (Chief Fiscal Officer's Signature)
 This space for County use