

**COUNTY OF CHENANGO**

**AFFIDAVIT OF RESIDENCY FOR DUAL CREDIT STUDENTS**

School District: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Course Commencement Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify (or affirm) that the applicants listed below now are, and have been for a period of at least one year residents of the State of New York, and that said applicants have been residents of the County of Chenango for a minimum period of six (6) months from the date of the application.

Sworn before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public, State of New York)

Students enrolled in the Dual Credit program:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____