
Saratoga County

Saratoga County Treasurer (518) 884-4724
25 West High St. Bldg 4 Ext. 4608
Ballston Spa, NY
12020

Website: <http://www.co.saratoga.ny.us>

Contact: Terri Wrisley, Sr. Account Clerk

The attached application/affidavit must be completed and presented to the above address with the appropriate proof. The County needs this form in order to determine your eligibility for a Certificate.

Requirements and Acceptable proof (examples): Contact the office of the Saratoga County Treasurer.

Certificate must be obtained within the time period of 60 days before the first day of class but no later than 30 days after the first day of class.

The Original Certificate of Residence (not this application) can be delivered to any of the three TC3 locations: Ithaca Extension Center, Cortland Extension Center or the main campus or it can also be mailed to:

*Tompkins Cortland Community College
Room #215
170 North Street, PO 139 Dryden, NY 13053.*

Note: faxes or photocopies are NOT acceptable.

STATE of NEW YORK, COUNTY OF SARATOGA

AFFIDAVIT AND APPLICATION FOR CERTIFICATE OF RESIDENCE
IN CONNECTION WITH ATTENDANCE AT A COMMUNITY COLLEGE

I, _____, hereby swear (or affirm) that I reside* at:

PLEASE PRINT CLEARLY

PHYSICAL ADDRESS, CITY, STATE, ZIP

In the Town of _____, in the County of _____, State of New York. I have
been a resident* of the State of New York for a period of at least one year immediately prior to the date of this affidavit and
application, that I have been a resident* of the County of Saratoga for _____ (1-6) months within the six months immediately
prior to the date of this affidavit and application, and that I have resided at the following places during the year immediately prior to
the date of this application:

Current and Former Addresses

Dates at Address

The address shown above _____ / _____ / _____ to present
_____ / _____ / _____ to _____ / _____ / _____
_____ / _____ / _____ to _____ / _____ / _____

I further swear (or affirm) the following information:

Social Security No. _____ -- _____ -- _____ [] Active Duty Military

Date of Birth _____ / _____ / _____ Place of Birth: USA [] Other: (specify) _____

Date of high school graduation or GED (or expected date) _____ / _____
(Month & Year)

Phone # (Day) _____ Mailing Address if different _____

I further state that I plan to enroll in the college or institute listed below and that this affidavit and application is made for the purpose
of securing from the Saratoga County Treasurer a Certificate of Residence pursuant to the requirements of Article 126 of the
Education Law to attend

_____ Community College for the _____ semester
(Name of college) (term and year)

[] University in the High School Program for state aid only: _____

[] as a matriculated student enrolled in the following degree/certificate program: _____

[] as a non-matriculated student enrolled in the following course(s):
_____ which meet on campus or (specify) _____

FOR NOTARY PUBLIC / CLERK USE ONLY:
Sworn before me this _____ day of _____
Notary Public
My term expires _____ / _____ / _____

SIGNATURE OF APPLICANT
PROOF SHOWN:

Certificate [] issued [] rejected by: _____ on _____ / _____ / _____

**Resident* is defined by New York Education Law, Section 6301, paragraph 4, and Saratoga County Policy on Reimbursement of Community College Costs, Section
III. Rev. 11/02 LMB