

**AFFIDAVIT (OR AFFIRMATION) AND APPLICATION FOR RESIDENCE**  
PURSUANT TO SECTION 6301 AND 6305 OF THE EDUCATION LAW / STATE OF NEW YORK / COUNTY OF PUTNAM

**SECTION 1 - STUDENT COMPLETES** (Please Print) (Must Be Legible)

I ♦

\_\_\_\_\_  
Last Name - First Name (Print Only) (Do Not Use Script)

Do hereby swear (or affirm) that I reside at ♦ \_\_\_\_\_  
Street Address  
City or Town of ♦ \_\_\_\_\_ From: ♦ \_\_\_\_\_ To: ♦ \_\_\_\_\_ Telephone#: \_\_\_\_\_ - \_\_\_\_\_  
Month/Year Month/Year

Mailing Address: *(If different from above)*

\_\_\_\_\_

I also swear that I now am and have been for at least one year - a resident of the State of New York; AND that I have been a legal resident of Putnam County for ♦ \_\_\_\_\_ months (of the last 6 months)  
1 thru 6

Indicate below all addresses at which you legally resided during the past year. *(If different from above)*

Former address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

\*\*Circle Semester you are attending:      Fall      Winter      Spring      Summer

I further state that I plan to enroll in ♦ \_\_\_\_\_ College and that this application is made solely for the purpose of securing a Certificate of Residence from the Chief Fiscal Officer of Putnam County.

♦ XXX - XX - \_\_\_\_\_      ♦ \_\_\_\_\_  
Social Security Number      Student's Signature

\*All applicants must provide proof to residency as follows: One that is dated one year ago, one that is dated six months ago and one that has a current date. The types of evidence listed at the bottom are the only ones that are acceptable proof of a student's legal residence.

\*\*In the event that a person qualifies as above for the state residence, but has been a resident of two or more counties in the state during the six months preceding his application for a certificate of residence pursuant to section 6305 of this chapter, the charges to the counties of residence shall be allocated among the several counties proportional to the number of months, or fraction thereof, of residence in each county.

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**THIS SPACE IS FOR USE OF CHIEF FISCAL OFFICER OF COUNTY**

**SECTION 2 - CHIEF FISCAL OFFICER OF PUTNAM COUNTY COMPLETES**

Certificate Issued:      YES       OR      No       Date: \_\_\_\_\_      By: \_\_\_\_\_

Check the Types of Evidence Examined:

- Driver's License (showing one year in NYS and six months in Putnam County)
- Utility Bill
- \_\_\_\_\_

- Bank Statement
- Auto Insurance ID Card
- High School Transcript
- Car Registration
- Form W2 and NYS Income Tax Preceding Year