



Financial Aid Office
524 West 59th Street
BMW Building, Suite 607
New York City, NY 10019
financialaid@jjay.cuny.edu

Dear student,

NYHESC (TAP) is requesting that you file a New York State Residency Review Questionnaire for the 2024-25 aid year to determine if you will be eligible for a TAP award for the Fall 2024 and/or Spring 2025 semester(s).

Included with this message, is the New York State Residency Review Questionnaire. Be sure to list the last **5 years** of your addresses.

The questionnaire must be filled out completely, signed and sent via email or uploaded directly to HESC (TAP) along with the following:

1. Copy of student's NYS driver's or Non-Driver's license, NYS ID or voter registration card.
2. Copies of **student and parent's** old & recent utility bills (gas, electric or cable bills), credit card bills, bank statements from the date the student moved to NYS.
3. Copy of proof of student's citizenship.
4. A copy of student's High School Diploma if graduated from NYS High School or a copy of student's High School transcript.

Submit the questionnaire and all required documentation to HESC by:

1. HESC Secure Upload: <https://webapps.hesc.ny.gov/hescdocuments/>
OR
2. via email to: tapforms@hesc.ny.gov
OR
3. upload to your own HESC Account: <https://www.hesc.ny.gov/my-hesc-account-access/>
 1. Click on the "**Review My NYS Financial Aid Information**"
 2. Log into your HESC account
 3. Click 2024-2025 yr.
 4. Click "Details" next to the last TAP activity date.
 5. On the details page, go to "Review/Update" button where you can make changes to the 2024-25 yr. TAP application

Be sure to keep a copy of the form and all documents you send to HESC.

Please note: it may take HESC approximately 12 weeks to review the questionnaire upon receipt of documentation.

Respectfully,

Ms. O'Neill, Tap Officer
Financial Aid Office
John Jay College of Criminal Justice
roneill@jjay.cuny.edu



New York State Higher Education Services Corporation
99 Washington Avenue, Albany, NY 12255

New York State Residence Review Questionnaire

Enter Academic Year **2024-25 yr.**

Do not leave any questions blank. No decision can be made unless all 15 questions are completed and required documentation is submitted. Please fill in all dates using the mm-yyyy format (e.g. 09-2008).

Mail to: NYS Higher Education Services Corporation, Residency Review Unit, 99 Washington Ave., Albany, NY 12255

1. Name (Last, First, MI) and Social Security Number						Social	Secur	ity	Num	ber	or	Empl	Id#		
2. For what continuous period are you claiming legal residence in New York State? If period of residence is not continuous, list each separate period of residence.															
From		To		From		To		From		To		From		To	
-	-	-	-	-	-	-	-	-	-	-	-	-	-		
3. Beginning with your current address, list all your addresses for the last five years. Provide all information for each address. Enter the corresponding code under Living Status: 1 Live with Parents 2 Rent/Lease 3 Purchased 4 Live with Relatives 5 Military Housing 6 College Housing/Dorms 7 Other															
		Street, City and State						Living Status (Enter appropriate number)			Reason for move				
-	-														
-	-														
-	-														
-	-														
-	-														
4. Last high school attended _____ City _____ State _____ Date _____															
5. List all colleges attended, beginning with the most recent. Provide all information for each college. If none, check box: <input type="checkbox"/>															
From		To		College Name				City and State			Full-time	Part-time			
-	-	-	-												
-	-	-	-												
-	-	-	-												
-	-	-	-												
6. List your employment or activities other than college attendance. Begin with your current employment. If none, check box: <input type="checkbox"/>															
From		To		Employer or other activity				City and State							
-	-	-	-												

-	-		
-	-		
-	-		
7. Have you filed a NYS Resident Income Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list last 5 years filed. _____ _____ If no, explain why. _____	

Please fill in all dates using the mm-yyyy format (ie. 09-2008).

SSN

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8. Are you currently receiving student financial assistance (e.g. tuition reduction, student loans) based on your residence in a state other than New York? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate issuing state and date: State _____ Date _____
9. Are you a non-citizen who has come to the United States within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give location and date of entry into the U.S., and your current immigration status: _____ City: State: _____ Date: _____ Current Status: <input type="checkbox"/> 2. Refugee <input type="checkbox"/> 1. Permanent Resident <input type="checkbox"/> 4. Other 3. Asylum granted
10. For military personnel, their spouses and dependents only. a) Are you or your spouse currently on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Is your parent currently on active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give duty station and home of record: _____ Base: Home of Record City: _____ State: _____ City: _____ State: _____ If Yes, give duty station and home of record: _____ Base: Home of Record City: _____ State: _____ City: _____ State: _____
11. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate state and date of issuance State _____ Date _____ Previous driver's license State _____ Date _____
12. Do you own a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate state and date of registration State _____ Date _____

<p>13. Have you ever registered to vote?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list state and date for your last two registrations</p> <p>_____ State Date _____</p> <p>_____ State Date _____</p>
<p>14. Are you currently receiving public assistance or unemployment benefits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate issuing state, date received and type of assistance</p> <p>_____ State Date Type _____</p> <p>of _____ Assistance _____</p> <p>State Date Type of Assistance</p>
<p>15. Were you claimed as a dependent for tax purposes in the last 2 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, indicate tax year(s), claimant's name, relation</p> <p>Relationship Codes: 1. Parents 2. Mother 3. _____</p> <p>5. Grandparents</p> <p>6. Cousin 7. Aunt 8. Uncle</p> <p>9. Legal Guardian 10. Other</p> <p>_____ Relationship _____</p> <p>_____ (Enter _____</p> <p>_____ Year Name _____ Code) State _____ State _____</p> <p>Relationship _____</p> <p>(Enter Code)</p>
<p>I affirm that the evidence and information herein and submitted herewith is true and that this information will be for all purposes the equivalent of an affidavit, and if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn.</p> <p>Signature _____ Date _____</p>	