

Financial A id Office 524 West 59th Street BMW Building, Suite 607 New York City, NY 10019 T. 212.663.7867 F. 212.237.8936 *financialaid@jiay.cuny.edu*

Dear student,

NYHESC (TAP) is requesting that you file a New York State Residency Review Questionnaire to determine if you will be eligible for a TAP award for the Fall 2022 and/or Spring 2023 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 & certified mailed to HESC (TAP) along with the following:

- 1. Copy of student's NYS driver's license, NYS ID <u>or</u> voter registration card.
- 2. Copies of *student's 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: <u>https://webapps.hesc.ny.gov/hescdocuments/</u>

OR

2. Certified mail <u>AND</u> via email to the addresses below:

Email: tapprocessing@hesc.ny.gov

Certified Mail:

NYSHESC 99 Washington Avenue Albany, New York 12255 Attn: Residency Review Unit

Be sure to secure your tracking # and copy of the questionnaire and documents you have sent.

Please note: it may take HESC approximately 6 – 12 weeks to review the questionnaire upon receipt of documentation.

Respectfully,

Rose O'Neill, Tap Officer John Jay College of Criminal Justice





New York State Residence Review Questionnaire

Enter Academic Year 2022-2023

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	SSN	N												
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	То	From	То	From		То		From			То			
-	-	_	_	-		-			-		-			
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														
From	То	Street, City and State			(1	Living Status (Enter appropriate number)				Reason for move				
-	-													
-	-													
-	-													
-	-													
-	-													
4. Last high so	hool attended _			City	/			9	State_		Date_	-		
 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: 														
		College Name City and State												
From	То	Colle	ege Name		Cit	ity and S	tate			Full	time	Part-	time	
From -	To -	Colle	ege Name		Cit	ity and S	tate			Full	-time	Part-	time	
		Colle	ege Name		Cit	ity and S	itate			Full	-time	Part-	·time	
		Colle	ege Name		Cit	ity and S	itate			Full	-time	Part-	·time	
		Colle	ege Name		Cit	ity and S	itate			Full	-time	Part-	-time	
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- - 6. List your em If none, che From -	- - - ployment or act ck box:	tivities other tha	n college atten			-	rrent	: emp	-	ent.	-time	Part-	-time	
- - 6. List your em If none, che From - -		tivities other tha	n college atten			-	rrent	: emp	-	ent.	-time	Part-	-time	

Please fill in all dates using the mm	-yyyy format (ie. 09-2008). SSN						
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?	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?	If Yes, give location and date of entry into the U.S., and your current immigration status: City: State: Date:						
Yes No	Current Status: 1. Permanent Resident 2. Refugee (Check box) 3. Asylum granted 4. Other						
10. For military personnel, their spouses and dependents only.	If Yes, give duty station and home of record:						
a) Are you or your spouse currently on active duty in the military?	Base: City: State: Home of Record City: State:						
b) Is your parent currently on active duty in the military?	If Yes, give duty station and home of record:						
	Base: City: State: Home of Record City: State:						
11. Do you have a valid driver's license?	If yes, indicate state and date of issuance State Date						
Yes No	Previous driver's license State Date						
12. Do you own a motor vehicle?	If Yes, indicate state and date of registration						
Yes No	State Date						
13. Have you ever registered to vote?	If Yes, list state and date for your last two registrations						
Yes No	State Date						
	State Date						
14. Are you currently receiving public assistance or unemployment benefits?	If Yes, indicate issuing state, date received and type of assistance State Date Type of Assistance						
Yes No	State Date Type of Assistance						
15. Were you claimed as a dependent for tax purposes in the last 2 years?	If Yes, indicate tax year(s), claimant's name, relationship and state of residence Relationship Codes: 1. Parents 2. Mother 3. Father 4. Sibling 5. Grandparents 6. Cousin 7. Aunt 8. Uncle 9. Legal Guardian 10. Other						
Yes No	Year Name Relationship State Relationship						
Year Name (Enter Code) State 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.							
Signature	Date						