



*Financial Aid Office*

*524 West 59<sup>th</sup> Street, rm: 1280N  
New York City, NY 10019  
T. 212.663.7867  
F. 212.237.8936  
financialaid@jjay.cuny.edu*

Dear student:

TAP is now requesting that you file a New York State Residency Review Questionnaire to see if you will be eligible for TAP for the Fall 2019 and/or Spring 2020 semester(s).

Enclosed please find the questionnaire, you must fill it out completely and sign it, you must mail it to TAP along with the following:

1. Copies of student driver's license, state ID card, voter's registration card.
2. Copies of old and recent utility bills, credit card bills, and bank statements from the date student moved to New York State of student's and parent's.
3. Copy of proof of student's citizenship.
4. Copy of student's high school diploma, if graduated from New York State high school.  
And copy of high school transcript if possible.

Keep a copy for yourself and mail out 'Certified Mail' to:

NYSHESC  
99 Washington Avenue  
Albany, New York 12255

Attn: Residency Review Unit

Please note it takes TAP 6 – 10 weeks to review the questionnaire once they received it and to give an answer.

Rose O'Neill, Tap Officer





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

## New York State Residence Review Questionnaire

Enter Academic Year 2019-2020

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)		SSN																	
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																			
From		To		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

--	--	--	--	--	--	--	--	--	--

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?

☐ Yes ☐ 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?

☐ Yes ☐ No

If Yes, give location and date of entry into the U.S., and your current immigration status:

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Current Status:  
(Check box)

☐ 1. Permanent Resident

☐ 2. Refugee

☐ 3. Asylum granted

☐ 4. Other

10. For military personnel, their spouses and dependents only.

a) Are you or your spouse currently on active duty in the military?

☐ Yes ☐ No

b) Is your parent currently on active duty in the military?

☐ Yes ☐ No

If Yes, give duty station and home of record:

Base: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home of Record City: \_\_\_\_\_ State: \_\_\_\_\_

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?

☐ Yes ☐ No

If yes, indicate state and date of issuance

State \_\_\_\_\_ Date \_\_\_\_\_

Previous driver's license

State \_\_\_\_\_ Date \_\_\_\_\_

12. Do you own a motor vehicle?

☐ Yes ☐ No

If Yes, indicate state and date of registration

State \_\_\_\_\_ Date \_\_\_\_\_

13. Have you ever registered to vote?

☐ Yes ☐ No

If Yes, list state and date for your last two registrations

State \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_

14. Are you currently receiving public assistance or unemployment benefits?

☐ Yes ☐ No

If Yes, indicate issuing state, date received and type of assistance

State \_\_\_\_\_ Date \_\_\_\_\_ Type of Assistance \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_ Type of Assistance \_\_\_\_\_

15. Were you claimed as a dependent for tax purposes in the last 2 years?

☐ Yes ☐ No

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

Year \_\_\_\_\_ Name \_\_\_\_\_ Relationship (Enter Code) \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Name \_\_\_\_\_ Relationship (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 \_\_\_\_\_