



# FRANKLIN & ESSEX COUNTY RESIDENCY VERIFICATION FORM

## SPONSORED BY FRANKLIN AND ESSEX COUNTIES

Under the Program of the State University of New York  
23 Santanoni Ave., P.O. Box 89, Saranac Lake, NY 12983-0089

Student Full Legal Name: \_\_\_\_\_ Full SSN: \_\_\_\_\_

PHYSICAL ADDRESS [Street, City, State, Zip] (PO Box not accepted)	DATE FROM	DATE TO
CURRENT:	____/____/____	CURRENT
PRIOR:	____/____/____	____/____/____
PRIOR:	____/____/____	____/____/____

Select One:     Franklin County                       Essex County

**\*FORM MUST INCLUDE:** Copy of Documentation showing one year's legal residence in NYS and 6 month residence in the above counties must have a physical address and an issue date clearly stating the date requirement.

The following are considered acceptable Documentation to verify residency (select one):

If you do not have access to the Documentation on the left, the following are accepted:

- NYS Driver's License
- NYS Identification Card
- NYS Voter Registration
- NYS Motor Vehicle Registration
- Other NYS issued Identification \_\_\_\_\_

- NYS Income tax return
- Residential Lease Agreement
- Proof of ownership of Franklin/Essex Co. Property
- High School Transcript
- Employment Paystub/W2
- Bank Statement

Document Issue Date: \_\_\_\_\_

\* If you are an incoming High School student who cannot provide the proof required above please contact the Business Office directly for additional assistance.

**Mail forms and Copies of Documentation to:**

NCCC Business Office  
PO Box 89  
23 Santanoni Avenue  
Saranac Lake NY 12983

**STUDENT AFFIRMATION:** I, the undersigned, in signing this document swear that my legal residence now is, and has for a period of **at least one year prior** to the date listed above been a resident of the state of New York. I affirm I have for a period of **at least six months prior** to the above date have lived in the above listed County. I swear all documentation provided are true and unaltered. I understand that further proof of residency may be required upon review and that residency must be updated every 12 months. I understand that failure to complete my Residency Requirement within the first 30 days of classes will result in the Non-Resident Tuition Rate being added to my account.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

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Document (s) Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_