ESSEX COUNTY

CERTIFICATE OF RESIDENCE INFORMATION SHEET

Pursuant to Sections 6301 and 6305 of the Education Law In Connection With Attendance at Community Colleges

- Certificates may only be issued up to 60 days prior to each college term and up to 30 days after the commencement of each term. Certificates are valid for a period of one year.
- When applying for a certificate of residence you must complete the application and have it notarized. The form can be filed by mail or in person at: Essex County Treasurer, P O Box 217, Elizabethtown, NY 12932. If needed, you can print a form off of the Essex County website www.co.essex.ny.us. On left side under county/town links select forms.
- Whether applying for a certificate of residence in person or by mail PROPER PROOF of
 residence must be submitted. The proof must verify that the student has been a New York
 State resident for at least one full year and an Essex County resident for at least the past six
 months.
- Proof must show a street address. Post Office boxes are <u>not</u> acceptable proof for the purpose of determining residency. Some proper forms of proof may be one or more of the following:

A New York State driver's license, permit or non-driver I.D. that was issued over one year ago – photocopy is acceptable. Post office box not acceptable unless it is accompanied by a street address.

Voter registration card, utility bill, bank statement, rent receipt, apartment lease, vehicle registration or insurance card, income tax return.

APPLICATION FOR CERTIFICATE OF RESIDENCE

PURSUANT TO SECTIONS 6301 AND 6305 OF THE EDUCATION LAW

SEM	<u>IESTER</u>	FALL	WINTER	SPRING	SUMME	ER
Social Security 1	No					
do hereby swear (or affirm) that I reside						
t, in the Town of,						
Zip Code	County of, State of New York.					
Have you been to the date of th	_			AT LEAST ONI —	E YEAR imn	nediately prior
Have you been The date of this			-	ASE SIX MONT	HS immedia	itely prior to
				<u>te or less than si</u> clude previous s		
<u>Address</u>				<u>From (m</u>	<u>n/d/y)</u>	<u>To (m/d/y)</u>
]	I FURTHER S	STATE THAT I	PLAN TO ENR	OLL IN:	
	_		(Name of Co	ollege)		
	ounty of				_	m the Chief Fiscal nts of Article 126 of
Signature of Applicant					Dat	te
Sworn to (or aff day of _			20			
Notary Pub	lic or Co	mmissioner o	f Deeds			
Certificate issue	ed	Certificate 1	not issued	Date		Ву