AFFIDAVIT (OR AFFIRMATION) AND APPLICATION FOR

CERTIFICATE OF RESIDENCE

Pursuant to sections 6301 and 6305 of the Education Law

In connection with attendance at a Community College

STATE OF NEW YORK )

 ) SS.:

COUNTY OF OTSEGO )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, does hereby swear (or affirm) that he resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the (city) (village) (town) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Otsego, State of New York: that he/she now is, and has for a period of at least one year immediately prior to the date of this affidavit (or affirmation) and application been, a resident of the State of New York; that he/she now is, or has been for a period of SIX (6) months within the six months immediately prior to the date of this affidavit (or affirmation) and application \*\* a resident of the County of OTSEGO; and that he/she has lived at the following places during the year immediately prior to the date of this affidavit (or affirmation) and application

 Addresses Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant further states that he/she plans to enroll in MVCC, TC3, SUNY Broome and that this affidavit (or affirmation) and application is made for the purpose of securing from the Chief Fiscal Officer of the County of Otsego a certificate of residence pursuant to the requirements of Article 126 of the Education Law.

 **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant

Sworn to (or affirmed) before me this

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public or Commissioner of Deeds

This space for use of Chief Fiscal Officer of County

 Certificate Issued ( ) Certificate Not Issued ( )

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_