## OFFICE OF THE ESSEX COUNTY TREASURER

Michael G. Diskin, Treasurer Lisa Decker, Deputy-Taxes Jane C. Haskins, Deputy-Finance Essex County Government Center 7551 Court Street P.O. Box 217 Elizabethtown, NY 12932 Phone: 518-873-3310



## **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

(SEE INSTRUCTIONS ON REVERSE SIDE)

<u>SEMESTER</u>	FALL	WINTER	SPRING	_ SUMMER	
Social Security No					
I,		do h	ereby swear (or a	ffirm) that I i	reside
at		, in	the Town of		
Zip Code	County of _		State of New York	<b>.</b> .	
Have you been a legal to the date of this affida				YEAR imme	ediately prior
Have you been a reside The date of this affiday				<b>I</b> S immediat	ely prior to
If you have lived <u>less tl</u> list your addresses for t					
Address			From (m	/d/y)	To (m/d/y)
	I FURTHER S	TATE THAT I	PLAN TO ENRO	DLL IN:	
		(Name of Co	ollege)		
and that this affidavit a Officer of the County of the Education Law.				-	
Signature of App	licant			Dat	e
Sworn to (or affirmed)		_ 20			,
Notary Public or Co	ommissioner o	f Deeds			
Certificate issued	Certificate i	not issued	Date	I	Зу