



County of Franklin
OFFICE OF THE COUNTY TREASURER

BRYON A. VARIN
Treasurer

JOAN L. SHERWIN
Deputy Treasurer

Application for Certificate of Residence

_____ does hereby swear (or affirm) that he/she resides at _____ in the City, Village, Town of _____ County of _____ State of New York; that he/she now is, and has for a period of at least one year prior to the date of this affidavit (affirmation) and application been a resident of the State of New York, that he/she now is, and has for a period of at least six months prior to the date of this affidavit (or affirmation) and application been a resident of the county of Franklin 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.

ADDRESS	DATES: From	TO
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

Applicant further states that he/she plans to enroll in a Community College located in New York State and that his/her affidavit (or affirmation) and application is made for the purpose of securing from the Chief Fiscal Officer of the County of Franklin a certificate that applicant has met the residence requirements of Article 119 and 126 of the Education Law.

Signature: _____ SSN# _____

College _____ Date _____

AFFIDAVIT TO BE NOTARIZED

Sworn to (or affirmed) before me this

----- day of ----- 20----- Notary Public: -----

THIS SPACE FOR USE OF COUNTY CHIEF FISCAL OFFICER

Certificate Issued () Certificate Not Issued ()

Date _____	By: _____
Franklin County Court House (518) 481-1512	355 West Main Street (518) 481-1515
	Malone, NY 12953-1823 FAX: (518) 483-2326