

THE OFFICE OF GRADUATE ADMISSIONS Phone: 718-960-8777 Fax: 718-960-5860 lehman.edu

ALTERNATE LEASE STATEMENT

Name of the student	Last		First	_ Semest	er
S.S.#	EMPL ID#		Phone #	ŧ()	
Address No. Street		Apt. #	City	State	Zip code
I have lived at the above ad but the lease is <u>not</u> in my na		Month/Year	to	/Year	
To be completed by the	e person who	ose nam	e appears on th	ne lease co	ntract.
Owner/ Leasee's Name		(ertify that I reside	e at the addr	ess indicated
and thatto				d with me fro	om
Proof that I have resided at bill, utility bill, apartment or	the above add	lress for o	ne year is attache	d (e.g., lease	, telephone
Signed			Date		
Notarized					
I certify that the above info information may affect my			•	stand that th	nis

I understand that if I provide false information or withhold relevant information in order to obtain resident status, The City University may revoke its determination of in-state residency and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.

Signed _____

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Notarized