Aid for Part-Time Study (A.P.T.S.) Application

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	NAME								SU	JNY	OSV	NE	GO									
1. Student ID Number 2. Date of Birth (Use numbers only)										-												
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3. Last	Name											rst Na	Da ame	ay		real		r r)				M
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4. Addr	ess: nu	nber,	street	, apa	tmen	t								_			_					
City or	r Town										S	ate	_			Zip (Code			_		
Home	e Phone	Numb	oer		<u> </u>		-	_			W	ork P	hone N	Numt	ber						1	
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7. Ma	Unr						or wido	wed		Marrie	ed	Se	parate	ed								
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							aduate eive a			chool;		□ `	YES		NO	ונח	Day	re	ar (C	CYY	()	
10. Wi If y	ll all or es, ent	part o er am	of you ount	ur tui per :	tion c seme	charg ster.	es be p Fall 2	aid oi 2020 \$	reim	burse	d by ar	n emp Spri	oloyer ing 20	? 21 \$] · \$	YES		NO				
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APPLI	dyou						2018 ta of your 2			ork Sta	YES tetaxr		NO must	be s	ubn	nittec	l with	this	appli	catio	n.	
11. Die								no (N	TI) in	the b	oves r	rovi	ded.									
11. Die If you		nptio	ns ar	nd N	et Ta	xable	e Incor	iie (iv	,													
11. Die If you	u filed t	nptio	A	Applic	ant's S	Separ	ate NTI Spouse		,									TI On				

12. Were you eligible or were you claimed as a dependent on your parents' New York State or federal tax returns for the previous year?

→ YES – If yes, YOU MUST REPORT PARENTS' INCOME

NO – If no, read and sign the affirmation on the bottom of this page and if married, your spouse must also sign	
and enter Social Security number. If you have dependents of your own other than a spouse, check this box.	

If you answered "YES" to question 12, that is, you were claimed or were eligible to be claimed as a tax dependent, you must report parental income in question 14. If your parents (stepparents, adoptive parents) filed a tax return as married, you must report total income for both parents.

- 13. EXCLUSION OF PARENTS' INCOME If your parents are divorced, separated, never married or one of your parents is deceased, report in question 14 the income of the parent with whom you lived most in the previous year or who had custody or would have had custody if you were a minor.
 - TO EXLUDE THE INCOME OF YOUR FATHER (Stepfather, adoptive father) OR MOTHER (stepmother, adoptive mother) give the reason by checking the appropriate box. Enter the date of death or separation/divorce and enter the amount of support received if separated/divorced. Only one parents' income can be excluded for separation/divorce.

	AND NET TAXABLE INCOME (NTI) IN		
14. Did parents file 2018 tax retur		d copy of parents' 2018 NYS tax r plication.	eturn must be submitted
(Note: any separation must be by judicia	I decree or pursuant to an agreement of sepa	aration which is filed by a court of co	ompetent jurisdiction.)
	DOLLARS CEN		
	\$		
Support Amount – Enter the amoun If none, enter zero.	nt of support received for you from the p	parent whose income is to be e	xcluded.
To exclude MOTHERS's Income	MOTHER deceased Separated or divorced	GIVE EARLIEST DATE	MONTH YEAR
To exclude FATHER's Income	FATHER deceased Separated or divorced	GIVE EARLIEST DATE	MONTH YEAR

OFFICE USE ONLY Fathers' Separate NTI A .00 OR Joint NTI with Mother Mother's Separate NTI Ρ Exemptions 00 Income Exemptions Income \$ \$.00 .00 S .00 DOLLARS CENTS DOLLARS CENTS т .00 DOLLARS CENTS

15. ALL PERSONS WHOSE INCOMES ARE LISTED IN QUESTIONS 11 AND 14 must read and sign the affirmation. AFFIRMATION – I hereby certify that all the information provided by me upon this application is accurate and complete. This information will be accepted for all purposes as the equivalent of an affidavit and, if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn. I authorize the school to release to Higher Education Services Corporation (HESC) any information requested pertinent to this application. I consent to the verification by HESC of any statement made herein and authorize the NYS Department of Taxation and Finance to release to HESC certified copies of my personal income tax returns. I consent to the release by HESC of such information as may be provided by law or regulation in the course of financial aid program administration.

Student's Signature	Date	_													
		Spouse's SSN										First 3 Letters	s of Fa	ther's	
Student's Spouses' Signature	Date	Father's SSN										Last Name			
Father's Signature	Date	_				1			1			First 3 Letters	of Mot	her's	
Mother's Signature	Date	Mother's SSN										Last Name			Ļ
BRING OR MAIL THE COMPLETED APPLICATION TO YOUR SCHOOL'S FINANCIAL AID OFFICE.															