SUNY POLYTECHNIC INSTITUTE

2021 - 2022
Aid for Part-Time Study

FOR SCHOOL USE

Matriculated _____ **Fall -** TAP Pts _____ Credits Accrued _____ GPA _____ Hours Enrolled _____ Award $ _____
Undergraduate ____ **Spring -** TAP Pts _____ Credits Accrued _____ GPA _____ Hours Enrolled _____ Award $ _____

Not Eligible_____

IMPORTANT: Please complete this application using ink. Electronic or typed signatures are not accepted. You must submit a signed copy of your 2019 New York State Tax Return along with the application.

1. Social Security Number

2. Date of Birth (Use numbers only)
Month Day Year (CCYY)

3. Last Name First Name MI

4. Address: number, street, apartment

City or Town State Zip Code

Home Phone Number Work Phone Number

Email Address _____

5. Are you a legal resident of New York State? (See instructions on page 1.) □ YES □ NO

6. Check the box that applies to you (See instructions on page 2.)
□ Citizen □ Eligible Non-Citizen □ Not a citizen or Eligible Non-Citizen

7. Marital status (Check only one box)
□ Single □ Married □ Separated/Divorced/Widowed

8. If married, enter the date you were married. If separated/divorced or widowed, give earliest date on which you were separated/divorced or widowed.
Month Year (CCYY)

9. Have you graduated, or will you graduate from high school; or have you received or will you receive a GED?
□ YES □ NO

10. Will all or part of your tuition charges be paid or reimbursed by an employer?
□ YES □ NO If yes, enter amount $_____

APPLICANT/SPOUSE (IF MARRIED) **INCOME STATEMENT** – (All applicants must answer Questions 11 and 12.)

11. Enter your exemptions and income, which is your combined taxable income and required pension and annuity income, in the boxes provided.

Applicant's Separate Income OR Joint Income with Spouse		
Exemptions	Income	
	DOLLARS	.00 Cents

Spouse's Separate Income Only		
Exemptions	Income	
	DOLLARS	.00 Cents

12. Were you eligible to be claimed or were you claimed as a dependent on your parent(s) New York State or federal tax return for the 2019 year?

□ YES – If yes, YOU MUST REPORT PARENT(S) INCOME below.

□ NO – If no, read and sign the affirmation on the bottom of this page and if married, your spouse must also sign and enter his/her 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 PARENT 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 2019 or who had custody or would have had custody if you were a minor.

TO EXCLUDE THE INCOME OF PARENT 1 (step parent, adoptive parent) OR PARENT 2 (step parent, adoptive parent) 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 parent's income can be excluded for separation/divorce.

To exclude **PARENT 1's** Income □ Deceased □ Separated or divorced GIVE EARLIEST DATE

Month Year

Parent 1 Name: _____

To exclude **PARENT 2's** Income □ Deceased □ Separated or divorced GIVE EARLIEST DATE

Month Year

Parent 2 Name: _____

Support Amount – Enter the amount of support you received for you from the parent whose income is to be excluded. **If none, enter zero**.

					.00
DOLLARS					Cents

(Note: Any separation must be by judicial decree or pursuant to an agreement of separation, which is filed by a court of competent jurisdiction.)

14. ENTER PARENTS' EXEMPTIONS AND INCOME IN THE BOXES PROVIDED

PARENT 1 Separate INCOME OR Joint Income with PARENT 2							
Exemptions	Income						
						.00	
	DOLLARS					Cents	

PARENT 2 Separate Income							
Exemptions	Income						
						.00	
	DOLLARS					Cents	

OFFICE USE ONLY						
A						.00
P						.00
S						.00
T						.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
Student's Spouse's signature Date

_____ Parent 1 SSN
PARENT 1 signature Date

First 3 letters of Parent 1 last name

_____ Parent 2 SSN
PARENT 2 signature Date

First 3 letters of Parent 2 last name

Return to: ***Financial Aid, SUNY Poly, 100 Seymour Rd, Utica, NY 13502 Fax: (315)792-7220 finaid@sunypoly.edu***