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2 XVHXPEHUVRO 0 R Q W K H D U & & < <

To exclude PARENT2's Income 1 'HFHDVHG GIVE EARLIEST DATE
2 Y XVHXPEHUVRO 0RW HDU

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

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

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

RUWHDFDGHPLFH DU V WXGHQWV L OOXVHSULRUSULRUWDGDWD WDLQIRUPDWLRQ
WRF RPSOHWHERWWHLUIHGHUDODQG1HRUN6WDWHILQDQFLDODLGDSSOLF DWL R
GDWDLOODOVREHXVHGHQFRPSOHWLQWH36DSSOLF DWLRQIRU

Parent1's Separate Income	Parent2's Separate Income	A	,	.00
OR Joint Income with Parent2		P	,	.00
Exemptions	Income	S	,	.00
\$	\$	T	,	.00

16. ALL PERSONS WHOSE INCOMES ARE LISTED IN QUESTIONS 12 AND 15 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	First 3 Letters of Parent1's Last Name
	Parent1's SSN	
Parent1's Signature	Date	First 3 Letters of Parent2's Last Name
	Parent2's SSN	
Parent2's Signature	Date	

BRING OR MAIL THE COMPLETED APPLICATION TO YOUR SCHOOL'S FINANCIAL AID OFFICE.

,IRDYHVHOHFHGDURDUHRD16UHVGHGRURDFHRUHOEOHRFHSOHDVHFRPSOHH
VDSSOFDRIRUPDGRFRPSOHHH16'5(\$0\$FDSSOFDRD SVVGHUHPDSSOVVH

7. UNITED STATES CITIZENSHIP OR ALTERNATE REQUIREMENTS. Check the box that applies to you. You must check one of the three boxes. Proof of your status may be required.

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