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

Academic Year 20______

Submit completed application to your school's Financial Aid Office

SCHOOL NAME

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
   E-mail 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 in the United States; 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 if known $________

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
   $ $ .00
   DOLLARS Cents

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

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12. Were you eligible to be claimed or were you claimed as a dependent on your parents' New York State or federal tax return for the previous year?
1 □ YES - If yes, YOU MUST REPORT PARENTS' INCOME below.
2 □ 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 EXCLUDE 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 parent's income can be excluded for separation/divorce.

To exclude FATHER's Income
1 □ FATHER deceased
2 □ separated or divorced
GIVE EARLIEST DATE

To exclude MOTHER's Income
1 □ MOTHER deceased
2 □ separated or divorced
GIVE EARLIEST DATE

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

$ \quad \quad 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.

Father's Separate Income
OR Joint Income with Mother
Exemptions Income

Mother's Separate Income
Exemptions Income

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

Student's Spouse's Signature Date

Father's Signature Date

Mother's Signature Date

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

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