

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - [financialaid.buffalo.edu/forms/documentation-upload-center/](https://financialaid.buffalo.edu/forms/documentation-upload-center/). Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260
- All Financial Aid forms require your legal name

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
2. UB Person Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Complete the application and submit pages 1 and 2 to UB’s Financial Aid Office.** Instructions are provided at the end of the application to assist you. Please do not return the instruction pages.

### General Eligibility Questions

Complete all questions below.

5. Are you a legal resident of New York State?  Yes  No
6. What is your citizenship status?
  - U.S. Citizen
  - Eligible Non-Citizen
  - Not a Citizen or Eligible Non-Citizen
7. What is your current 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 the earliest date on which you were separated, divorced or widowed. \_\_\_\_\_
9. Will you or have you: graduate(d) from a high school in the United States; OR receive(d) a high school equivalency diploma by passing a Test Assessing Secondary Completion (TASC) formerly known as GED; OR passed a federally approved “Ability to Benefit” test as defined by the Commissioner of the State Education Department?  Yes  No
10. Will all or part of your tuition charges be paid or reimbursed by an employer?  Yes  No  
If yes, enter the amount if known. \$\_\_\_\_\_

### Applicant (and Spouse, if married) Income Statement

All applicants must answer questions 11 and 12. Enter your exemptions and income as reported on your **2021 New York State tax return**, which is your combined taxable income and required pension and annuity income.

- |   | Exemptions | Income  |
|---|------------|---------|
| 11. Applicant’s Separate Income OR Joint Income with Spouse:  | _____      | \$_____ |
| Spouse’s Separate Income (enter only if married but spouse filed separate):   | _____      | \$_____ |
| 12. Were you eligible to be to be claimed or were you claimed as a dependent on your parents’ New York State or Federal tax return for the previous year?   |            |         |
| <input type="checkbox"/> Yes – If yes, you <b>MUST</b> report your parents’ income on page 2.   |            |         |
| <input type="checkbox"/> No – if no, read and sign the affirmation at the end of the application and, if married, your spouse must also sign. If you have dependents of your own other than a spouse, please check this box. <input type="checkbox"/> |            |         |

**Parent Income Information – Complete this section if you responded yes to question 12.**

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. If your parents, stepparents or adoptive parents filed a tax return as married, you must report the 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 the previous year or who had custody or would have had custody if you were a minor.

To exclude the income of a 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. Note – any separation must be by judicial decree or pursuant to an agreement of separation which is filed by a court of competent jurisdiction.)

To exclude parent 1 income:  Deceased (Date: \_\_\_\_\_mm/yyyy)  
 Divorced/separated (Date: \_\_\_\_\_mm/yyyy)

To exclude parent 2 income:  Deceased (Date: \_\_\_\_\_mm/yyyy)  
 Divorced/separated (Date: \_\_\_\_\_mm/yyyy)

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

14. Enter parents’ exemptions and income below.

	<b>Exemptions</b>	<b>Income</b>
Parent 1 Separate Income OR Joint Income with Parent 2:	_____	\$ _____
Parent 2 Separate Income	_____	\$ _____

**Affirmation and Signatures – All persons whose incomes are listed must read and sign.**

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 Signature	_____ Date	_____ Parent 1 Signature	_____ Date
_____ Spouse (if married) Signature	_____ Date	_____ Parent 2 Signature	_____ Date

## Instructions for Preparing an Aid for Part-Time Study (APTS) Application

What is APTS? The Aid for Part-Time Study program is a grant program financed by New York State in conjunction with participating educational institutions throughout the state. The program provides up to \$2,000 per year to help part-time undergraduate students meet their educational expenses.

**Who is eligible for APTS?** To be considered for an APTS grant, a student must:

- Be a United States citizen or eligible non-citizen.
- Be a legal resident of New York State.
- Have graduated from a high school in the United States, earned a TASC or GED, or passed a federally approved "Ability to Benefit" test as defined by the Commissioner of the State Education Department.
- Be enrolled as a part-time student.
- Be matriculated in an approved program of study in a participating New York State secondary institution.
- Be in good academic standing; have achieved at least a cumulative "C" average after having received the equivalent of two full years of payment of state-sponsored student financial aid.
- Be charges at least \$100 tuition per year.
- Not have exhausted Tuition Assistance Program (TAP) eligibility.
- Not be in default on a Federal or State student loan or on any repayment of state awards.
- Meet income eligibility limitations.

**What are the income limits?** Income means the taxable income as taken from the New York State income tax return plus any state, local, or federal pension and annuity income, if applicable.

- If you were claimed as a tax dependent by your parents, family income (i.e. taxable income of student and parents) cannot exceed \$50,550.
- If you were not eligible to be claimed as a tax dependent by your parents, income (i.e. taxable income of student and/or spouse, if married, as of December 31<sup>st</sup>) cannot exceed \$34,250.
- If you were not eligible to be claimed as a tax dependent by your parents but you were eligible to claim dependents of your own other than yourself and/or your spouse, income (i.e. taxable income of student and spouse) cannot exceed \$50,550.

**How does a student apply for APTS?** Complete the application using these instructions. Return the completed application to the University at Buffalo Financial Aid Office. Do not return the application to the Higher Education Services Corporation (HESC).

**Read the instructions before making any entries. If you need further help, or if you need clarification of a particular issue, contact UB's Financial Aid Office.**

**1-4. Personal Identification Information.** Enter all information requested.

**5. New York State Resident.**

- Check 'Yes' if any of the following apply to you:
  - o You now reside in New York State AND will be an undergraduate student AND you lived in New York State for the last 2 terms of high school, OR
  - o You were a legal resident when you entered military service, Vista or Peace Corps AND have reestablished New York State residency within 6 months after release from such service, OR
  - o You have resided in New York State for at least 12 months immediately preceding the first term for which you are seeking aid AND have established domicile (permanent residence) in New York State.
  - o If the student is a member of the armed forces who is not a legal resident of New York State but who is stationed on full-time active duty in New York State, the residency requirement is waived effective with the 2005-06 academic year. The student must submit official documentation confirming both full-time duty status and duty station of the member of the armed forces and the student's status as spouse or dependent of that person.
- Check 'No' if:
  - o You are financially dependent on your parents and neither of them is a New York State resident, OR
  - o Your parents are separated or divorced and the parent with whom you are living is not a New York State resident, OR
  - o You reside in New York State for the sole purpose of attending college, OR
  - o None of the above conditions apply to you.

- 6. 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.
- 7-8. Marital Status.** Check the box that applies to you. If you were married as of December 31<sup>st</sup>, you must report income information for your spouse in question 7 or 8. Enter the month and year you were married or, if separated, divorced or widowed, give the earliest date on which you were separated, divorced or widowed. Note – any separation must be by judicial decree or pursuant to an agreement which is filed by a court of competent jurisdiction.
- 9. Check ‘Yes’ if you have graduated or will graduate from a high school in the United States;** OR if you received or will receive a high school equivalency diploma by passing a Test Assessing Secondary Completion (TASC) formerly known as GED; OR if you have passed a federally approved “Ability to Benefit” test as defined by the Commissioner of the State Education Department which demonstrates your ability to benefit from the education being offered. Otherwise, check ‘No’.
- 10. Employer Reimbursement.** Awards under this program are limited to by the actual tuition paid by the student. In considering a student for an award, the institution must take into account other sources of financial aid available.
- Check ‘Yes’ if your employer has paid, or will reimburse, all or part of your tuition for the term(s) for which this application for APTS is made, and enter the amount of reimbursement, if known.
  - Otherwise, check ‘No’.
- 11. Enter your income.** When completing questions 11 applicant/spouse income and 14 parents’ income you must include any state, local or federal pension and annuity income not reported on your NYS tax return. For purpose of completing this application the term “income” will be the sum of the pension and annuity income added to the NYS taxable income reported on your state tax return. Enter the “income” on the appropriate line of either question 11 or 14.
- 12. Were you claimed as a tax dependent?**
- Check ‘Yes’ and report your parents’ income on page 2 of the application if you were claimed as a dependent on your parent’s tax return.
  - Check ‘No’ and sign the affirmation on page 2 of the application if you were not eligible to be claimed as a dependent by your parents. (If married, your spouse must also sign the application.) If you have checked ‘No’ but have dependents of your own other than your spouse, also check the second box as indicated.
  - Note: If you were not claimed as a tax dependent on your parent’s tax return, you must still report your parents’ income in question 14 if you could have been claimed but were not. The criteria for determining whether or not you could have been claimed are detailed in the instruction booklet for filing state and federal tax returns. Generally, you were eligible to be claimed as a dependent if:
    - o You were single, and
    - o Your parent or parents provided more than one-half of your support in the previous year, and
    - o Your gross income was less than \$3,700. If your income was more than \$3,700, you could still have been claimed if you were under 19 years of age or you were under 24 years of age and a full-time student.
- 13. Exclusion of Parent Income.** Report in question 14 the income of the parent with whom you lived most last year or who had custody or would have custody if you were a minor. The income of a parent can be excluded in the cases of death, divorce or separation which occurred before December 31<sup>st</sup>. You should check the appropriate box in question 13 and enter the date and amount of support received on your behalf. 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. Parents’ Income.** The instructions for reporting income information are the same as they appear in question 11. Report the following incomes: parent, stepparent, adoptive parent 1 and parent, stepparent, adoptive parent 2. If you excluded the income of one parent in question 13, report the income of the other parent in question 14. In addition, the parent must sign in the affirmation section.
- Affirmation.** You MUST sign the application. In addition, if you were married, your spouse must sign. If your parent(s) were required to provide income information in question 14, they must also sign the affirmation. In signing the affirmation, you are acknowledging that you have read, understood and accepted the conditions described in the affirmation appearing on the application form.

No discrimination on the basis of disability. We do not discriminate against handicapped persons in our employment practices or in the administration of our programs, activities or services.

H8083B (Rev. 04/2020)