UNIVERSITY AT ALBANY
State University of New York

Office of Student Financial Services

STATE OF NEW YORK }
} ss.:
COUNTY OF ALBANY }

GRADUATE STUDENT
TAP INELIGILIBITY
AFFIDAVIT

_____
Student's Name

_____ and
Spouse's Name

_____
Parent's Name

being duly sworn, severally, each for him/herself on his/her own oath, deposes and says, under penalty of perjury, that the graduate student named herein is ineligible to receive a tuition assistance program award (TAP) as the student does not meet the income eligibility requirement as provided in Sections 661, 663, and 667 of the Education Law, which is available upon request.

The affirmants do hereby consent to verification by the State tax commission that the combined NET TAXABLE INCOME of the applicant student, his spouse, and his parents, AS REPORTED ON NEW YORK STATE INCOME TAX RETURNS for the calendar year next preceding the beginning of the school year, and income received from tax exempt securities and depletion allowances and not otherwise included in income reported on their New York State income tax returns is more than the maximum amount as allowed in Section 667, subd. 3.b(1) and (2) and subd. 4.e of the Education Law, presently the sum of $20,000 per year or $5,666 if single, emancipated graduate student with no dependents for tax purposes. However, this sum is adjusted where the applicant's parents, or children of the parents, are in full-time attendance in an approved program in accordance with the provisions of Section 663, subd. 5 of the Education Law.

_____
Signature of Student

_____
Signature of Spouse

_____
Signature of Parent

Sworn to by the said _____,

and _____

before me and by them signed in my presence this _____ day of _____, 20_____.

_____
Notary Public or Commissioner of Deeds

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