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

GRADUATE STUDENT TAP INELIGIBILITY 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 affiants 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