

CHANGE FORM 2015-2016

HESC
USE
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This form is for changing information provided on your application for payment under the Tuition Assistance Program (TAP) or other grant, scholarship or fellowship program for the 2015-2016 academic year. It is also for adding new information. DO NOT use this form unless you have already submitted your 2015-2016 application for payment.

APPLICATION INFORMATION															
You must complete your social security number and name exactly as on your original application, even if incorrect . Report corrected information below.								SOCIAL SECURITY NO.				CD			
								LAST NAME							
								FIRST NAME							
								MIDDLE INITIAL							

A. STUDENT INFORMATION

QUESTION	HESC USE	CHANGE TO	QUESTION	HESC USE	CHANGE TO
Social Security No.	001		NY State Resident	060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No HESC USE
Date of Birth	045	(MMDDYYYY)	U.S. Citizenship or Alternate Requirement	065	1 <input type="checkbox"/> Citizen
Last Name	020				2 <input type="checkbox"/> Eligible Non-Citizen
First Name	021				3 <input type="checkbox"/> Not a Citizen or Eligible Non-Citizen HESC USE
Middle Initial	022				
Street Address	025				
	026				
City	032				
State	035				
Zip Code	040				

B. STUDENT MARITAL DATA

QUESTION	HESC USE	CHANGE TO	HESC USE			
Marital Status	050	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Sep/Divorced/Widow	135	626		
Marital Status Date	051	Month Year		696		
Spouse's SSN	055		400	766		
Spouse's Last Name			056	836		

C. TERMS OF ATTENDANCE

QUESTION	HESC USE	CHANGE TO
Summer 2015	100	School Code
	101	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate
Fall 2015	105	School Code
	106	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate
Winter 2015-16	110	School Code
	111	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate
Spring 2016	115	School Code
	116	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate

D. PROGRAM OF STUDY

QUESTION	HESC USE	CHANGE TO
Will you be enrolled in a HEOP, EOP, SEEK or CD Program?	120	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Will you be enrolled in an approved 5-year bachelor's degree program?	125	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Requesting TAP?	012	0 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No

E. FINANCIAL INDEPENDENCE

QUESTION	HESC USE	CHANGE TO	QUESTION	HESC USE	CHANGE TO
Are you claiming financial independence from your parents?	245	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	I was honorably discharged from the Armed Forces of the U.S.	240	1 <input type="checkbox"/> Yes NOTE: Attach photocopy of your DD214.
Did you or will you live in an apartment, house or building owned or leased by your parents for more than 6 weeks during:	250	2014? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	255	2015? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Withdrawal of claim of financial independence	007	Check this box <input type="checkbox"/> and complete Section G, Parents' Income Data, on the reverse. HESC USE
	260	2016? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
Were you or will you be claimed as a dependent on your parents' Federal or State income tax return for:	280	2014? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	285	2015? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Other Educational Aid (if different from amount previously reported)	130	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 If none, enter zero.
Did you or will you receive gifts, loans or other financial assistance worth more than \$750 from your parents during:	265	2014? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	270	2015? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	275	2016? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

F. APPLICANT/SPOUSE INCOME DATA

G. PARENTS' INCOME DATA

QUESTION	HESC USE	CHANGE TO	QUESTION	HESC USE	CHANGE TO
Applicant/Spouse Return Type	200	<input type="checkbox"/> No, did not file any tax return <input type="checkbox"/> Filed NYS IT-201 <input type="checkbox"/> Filed federal return only <input type="checkbox"/> Filed NYS IT-203	Parents' Return Type	325	<input type="checkbox"/> No, did not file any tax return <input type="checkbox"/> Filed NYS IT-201 <input type="checkbox"/> Filed federal return only <input type="checkbox"/> Filed NYS IT-203
Applicant/Spouse Filing Status	201	<input type="checkbox"/> Single <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er), with dependent	Parents' Filing Status	327	<input type="checkbox"/> Single <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er), with dependent
Applicant/Spouse Income		\$, .00	Parents' Income		\$, .00
Applicant/Spouse Exemptions			Parents' Exemptions		
Applicant/Spouse Pension Income	202	<input type="checkbox"/> No pension <input type="checkbox"/> State, local or federal government pension only <input type="checkbox"/> Non-government pension only <input type="checkbox"/> Both non-government and government pension	Parents' Pension Income	328	<input type="checkbox"/> No pension <input type="checkbox"/> State, local or federal government pension only <input type="checkbox"/> Non-government pension only <input type="checkbox"/> Both non-government and government pension
Do you have dependent children?	569	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			

H. EXCLUSION OR ADJUSTMENT OF PARENT INCOME

QUESTION	HESC USE	CHANGE TO	QUESTION	HESC USE	CHANGE TO
To exclude Parent 1's income	300	<input type="checkbox"/> Deceased HESC USE <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Permanently Disabled <input type="checkbox"/> Never married to custodial parent	To exclude Parent 2's income	310	<input type="checkbox"/> Deceased HESC USE <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Permanently Disabled <input type="checkbox"/> Never married to custodial parent
Parent 1's Exclusion Date	305	Month Year 	Parent 2's Exclusion Date	315	Month Year
Support Amount	320	 , .00 <small>If no support, enter zero</small>	Support Amount	320	 , .00 <small>If no support, enter zero</small>

I. ADJUSTMENT FOR OTHER FAMILY MEMBERS ATTENDING COLLEGE

PLEASE PRINT NEATLY

Report all other family members who are fulltime matriculated college students and will attend a college or postsecondary school for at least one term of the 2015-16 academic year. Do not include yourself. For each family member enter Last Name, First Name, Social Security Number and appropriate Relationship Code. Applicable Relationship Codes are: 1=Brother/Sister (Step); 2=Spouse; 3=Parent (Step); 4=Child (Step); and 5=Other.	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	Relationship Code
				
				
				
				

J. SCHEDULE ADJUSTMENT FOR SINGLE INDEPENDENT STUDENTS

This adjustment is ONLY for single independent undergraduate students who have dependents and who did not file 2014 state or federal income tax returns.

Check this box if you wish to apply for the adjustment and attach documentation giving the names of your dependents and their relationship to you. Acceptable documentation is a letter from a social services official stating that you receive Aid to Families with Dependent Children (AFDC); or a copy of your Medicaid card listing your dependents; or a notarized letter from a person other than yourself (such as a legal aid representative or a member of the clergy) giving the specifics of your situation.

405	A/S Signature Code	HESC USE
410	Parent Signature Code	HESC USE

AFFIRMATION

I (the applicant, applicant's spouse or applicant's parent) affirm that the information herein is true. I consent to the verification by the NYS Higher Education Services Corporation (HESC) of any statement made in application for an award, and authorize the NYS Department of Taxation and Finance to release to HESC certified copies of my personal income tax returns for all periods reported and for any subsequent period I apply for financial aid.

*** EVERYONE WHOSE INCOME INFORMATION IS INCLUDED ON THIS FORM MUST SIGN BELOW ***

STUDENT'S SIGNATURE _____	/ /	DATE
STUDENT'S SPOUSE'S SIGNATURE _____	/ /	DATE
PARENT 1'S (STEPARENT'S, ADOPTED PARENT'S) SIGNATURE _____	/ /	DATE
PARENT 2'S (STEPARENT'S, ADOPTED PARENT'S) SIGNATURE _____	/ /	DATE

HESC USE	Parent 1's SSN	Parent 1's last name	Parent 2's SSN	Parent 2's last name
415				
010				
420				
011				



Andrew M. Cuomo, Governor



CHANGE FORM 2015-2016

GENERAL INSTRUCTIONS

Do not use this form unless you have already submitted an appropriate application requesting payment under the Tuition Assistance Program (TAP), or other grant, scholarship or fellowship program for the 2015-2016 academic year.

If you have received any other request for information from the Higher Education Services Corporation (HESC), be sure to complete and return the form sent. Do not use a Change Form as a substitute unless you are asked to do so.

Your Change Form must be postmarked by June 30, 2016 or within 45 days following receipt of a request for information from HESC, whichever is later.

INSTRUCTIONS FOR COMPLETING CHANGE FORM

Enter only the information you want to change. If an item does not require a change, make no entry. You must sign the Affirmation.

Application Information

You must complete your Social Security Number and name exactly as on your original application or any other document from HESC, even if incorrect.

A. Student Information

Enter any personal data that has changed from your application. If you are changing your Social Security Number, attach a photocopy of your social security card.

B. Student Marital Data

If married, check box 2 and enter spouse's Social Security Number and month and year of marriage and spouse's last name. If single and never married, check box 1. If divorced or widowed, check box 3 and give date of divorce or spouse's death. If separated, check box 3 and give the month and year of separation.

C. Terms of Attendance

Complete all the items even if only one is a change. For each term in the 2015-2016 academic year, enter all the information requested, even if you reported it before. Contact your school's financial aid office for the correct HESC School Code to enter. For any term you are not going to school, enter 4 zeroes in the School Code boxes. If you had registered at a school and now wish to change the school code, be sure that you have withdrawn in accordance with the school's established policy.

D. Program of Study

Complete all changes.

E. Financial Independence

You can apply for or withdraw a claim of financial independence.

Please indicate if you are claiming financial independence from your parents.

If withdrawing a claim, check the appropriate box and complete Section G - PARENTS' INCOME DATA and the Affirmation.

If applying for financial independence, answer the questions relating to residence with your parents, being claimed by them as a dependent on their income tax returns, and receiving financial assistance from them. If you are under 22 years of age as of June 30, 2015, and meet the basic conditions of financial independence, you will be required to provide official documentation such as court orders, evidence from social service officials, or sworn statements needed to verify one of the special conditions described below.

- YOUR PARENTS are deceased, totally and permanently disabled, or have been declared incompetent by judicial action.
- YOU are a ward of the court. Ward of the court does not include status as an inmate.
- YOU are receiving public assistance. Public assistance does not include food stamps, unemployment insurance, or aid as a dependent child under the Aid to Families with Dependent Children (AFDC) program.
- YOU have been rendered financially independent due to the involuntary dissolution of your family resulting in relinquishment of your parents' responsibility and control.

F. & G. Applicant/Spouse 2014 Income Data and Parents' 2014 Income Data

- Enter the return type and filing status for Applicant/Spouse and Parents.
- If you checked box 1 for the return type, enter any unreported income and exemptions.
- If you checked box 2 for the return type NYS IT-201, enter exemptions from line 36; enter **the sum of** NYS taxable income from line 37 and Pensions of NYS and local governments and the federal government from line 26 and Pension and annuity income exclusion from line 29.
- If you checked box 3 for the return type (federal return only):
 - Form 1040: Enter exemptions from line 6d and gross income from line 37.
 - Form 1040A: Enter exemptions from line 6d and gross income from line 21.
 - Form 1040EZ: Enter "0" for exemptions and gross income from line 4.
- If you checked box 4 for the return type NYS IT-203, enter exemptions from line 35; enter **the sum of** NYS taxable income from line 36 and Pensions of NYS and local governments and the federal government from line 25 and Pension and annuity income exclusion from line 28.
- Check the appropriate box for pension income.

H. Exclusion or Adjustment of Parent Income

The amount of income used in the award calculation may be adjusted if the parents are deceased, were never married, are separated or divorced, or are disabled. In the following instructions: "custodial" refers to the parent with whom you live, who exercises custody if you are a minor, or who would exercise custody if you were a minor; "non-custodial" refers to the parent whose income you are requesting be adjusted.

Deceased - If one or both of your parents are deceased, check the appropriate box "1" and indicate the month and year. If the death occurred on or before December 31, 2014, do not report the deceased parent's income in Section G. If the death occurred on or after January 1, 2015, all parental income must be reported in Section G; however, only a portion of the deceased parent's income will be used in the award calculation.

Separated/Divorced - If your parents are separated or divorced, check the appropriate box "2" for the non-custodial parent and enter the month and year it occurred. If separation preceded divorce, enter the month and year the separation occurred. If the separation/divorce occurred on or before December 31, 2014, report the custodial parent's income in Section G and the amount of support received on your behalf during 2014 from the non-custodial parent in Section H. If no support was received, enter "0". If the separation/divorce occurred on or after January 1, 2015, income information for both parents must be reported; however, only a portion of the non-custodial parent's income will be used in the award calculation.

Permanently Disabled - If one or both of your parents is permanently disabled, check the appropriate box "3" and indicate the month and year the permanent disability occurred. Income information for the disabled parent must be reported in Section G, but only a portion of it may be used in the award calculation.

Never Married - If your parents were never married, check the appropriate box "4" and report income information for the custodial parent in Section G.

Stepparents - If the surviving/custodial parent married before January 1, 2015, you must also report income information for the stepparent. Enter that information in Section G. If you are reporting both a stepparent's income and non-custodial parent's support, enter the stepparent's income in Section G and the support amount in "Support Amount" boxes in Section H. Enter the stepparent's social security number in the Affirmation area.

I. Adjustment for Other Family Members Attending College

This adjustment reduces the amount used in the award calculation and may result in an increase in the amount of award. To claim the adjustment, you must report the name, Social Security Number, and relationship to you of all other family members who will be full-time matriculated students attending a **New York State** college or other post-secondary school for at least one term of the 2015-2016 academic year. Do not list yourself, anyone who is enrolled in an elementary or secondary school, or anyone who is not matriculated on a full-time basis.

(NOTE: If you are a dependent student, you may only claim the adjustment for other family members who are also dependent upon your parents. If you are an independent student, you may only claim your spouse and/or your dependent children.)

RELATIONSHIP CODES:

1=brother/stepbrother; sister/step sister; 2=spouse;
3=parent/stepparent; 4=child/stepchild; 5=other.

J. Schedule Adjustment for Single Independent Students

This adjustment affects the award schedule under which your TAP Award will be calculated. To apply for this adjustment, you must check the appropriate box and provide necessary documentation.

AFFIRMATION - Who must sign?

- The applicant - always.
- If married, the applicant's spouse.
- Parent(s) - only if reporting or changing parent(s)' income. Social security number and parent(s)' last name(s) must also be entered.