

Tuition Assistance Program (TAP) Excess Income Affidavit

- [Deadline Dates for submission of forms](#) -

State of New York }
County of }

Certification for Semester/Year _____

Student Name

UB Person Number

Spouse/Parent Name

Being duly sworn, severally, each for himself on his own oath, deposes and says, under penalty of perjury, that the 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 Section 661, 663 and 667 of the Education Law, copy of which is attached and made a part hereof.

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 in 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 \$20,000 per year or \$5,666 if single, emancipated 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.

Student

Spouse/Parent

TO BE NOTARIZED BY A NOTARY PUBLIC:

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