

CHANGE FORM 2020-2021

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 2020-2021 academic year. It is also for adding new information. DO NOT use this form unless you have already submitted your 2020-2021 Application for payment.

APPLICATION INFORMATION																	
You must complete your Social Security Number (SSN) and name exactly as on your original Application, even if incorrect. Report corrected information below.										SSN				CD			
										LAST NAME							
										FIRST NAME							
										MIDDLE INITIAL							

A. STUDENT INFORMATION

QUESTION	HESC USE	CHANGE TO	QUESTION	HESC USE	CHANGE TO
SSN	001		NY State Resident	060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Date of Birth	045	(MMDDYYYY)	U.S. Citizenship or Alternate Requirement	065	1 <input type="checkbox"/> U.S. Citizen
Last Name	020				2 <input type="checkbox"/> Paroled Refugee
First Name	021		NYS Residency Date		3 <input type="checkbox"/> Permanent Resident Alien
Middle Initial	022				
Street Address	025				
	026				
City	032				
State	035				
Zip Code	040				

B. STUDENT MARITAL DATA

QUESTION	HESC USE	CHANGE TO
Marital Status	050	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Sep/Divorced/Widow
Marital Status Date	051	Month Year
Spouse's SSN/TIN (as reported on 2018 tax return)	055	
Spouse's Last Name (as reported on 2018 tax return)	056	

C. TERMS OF ATTENDANCE

QUESTION	HESC USE	CHANGE TO	QUESTION	HESC USE	CHANGE TO
Summer 2020	100	School Code	Winter 2020-21	110	School Code
	101	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate		111	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate
Fall 2020	105	School Code	Spring 2021	115	School Code
	106	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate		116	1 <input type="checkbox"/> Undergraduate 2 <input type="checkbox"/> Graduate 3 <input type="checkbox"/> 2-yr Undergraduate

D. REQUESTING TAP

QUESTION	HESC USE	CHANGE TO
Do you want to apply for 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:	255	2018? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	260	2020? 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.
Were you or will you be claimed as a dependent on your parents' federal or state income tax return for:	280	2018? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	285	2020? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
Did you or will you receive gifts, loans or other financial assistance worth more than \$750 from your parents during:	270	2018? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	275	2020? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

F. 2018 APPLICANT/SPOUSE INCOME DATA

G. 2018 PARENTS' INCOME DATA

QUESTION	HESC USE	CHANGE TO	QUESTION	HESC USE	CHANGE TO
Applicant/Spouse Return Type	200	1 <input type="checkbox"/> No, did not file any tax return 2 <input type="checkbox"/> Filed NYS IT-201 3 <input type="checkbox"/> Filed federal return only 4 <input type="checkbox"/> Filed NYS IT-203	Parents' Return Type	325	1 <input type="checkbox"/> No, did not file any tax return 2 <input type="checkbox"/> Filed NYS IT-201 3 <input type="checkbox"/> Filed federal return only 4 <input type="checkbox"/> Filed NYS IT-203
Applicant/Spouse Filing Status	201	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married, filing jointly 3 <input type="checkbox"/> Married, filing separate 4 <input type="checkbox"/> Head of Household 5 <input type="checkbox"/> Qualifying Widow(er), with dependent	Parents' Filing Status	327	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married, filing jointly 3 <input type="checkbox"/> Married, filing separate 4 <input type="checkbox"/> Head of Household 5 <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	1 <input type="checkbox"/> No pension 3 <input type="checkbox"/> State, local or federal government pension only 4 <input type="checkbox"/> Non-government pension only 5 <input type="checkbox"/> Both non-government and government pension	Parents' Pension Income	328	1 <input type="checkbox"/> No pension 3 <input type="checkbox"/> State, local or federal government pension only 4 <input type="checkbox"/> Non-government pension only 5 <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	1 <input type="checkbox"/> Deceased 2 <input type="checkbox"/> Separated/Divorced 3 <input type="checkbox"/> Permanently Disabled 4 <input type="checkbox"/> Never married to custodial parent	To exclude Parent 2's income	310	1 <input type="checkbox"/> Deceased 2 <input type="checkbox"/> Separated/Divorced 3 <input type="checkbox"/> Permanently Disabled 4 <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 full-time matriculated college students and will attend a college or postsecondary school for at least one term of the 2020-21 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">LAST NAME</th> <th style="width: 15%;">FIRST NAME</th> <th style="width: 45%;">SOCIAL SECURITY NUMBER</th> <th style="width: 25%;">Relationship Code</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	Relationship Code																
LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	Relationship Code																		

AFFIRMATION

I (the Applicant, Applicant's spouse or Applicant's parent) affirm that the information herein is true. I consent to the verification by 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">HESC USE</th> <th style="width: 15%;">Please report Parent's Last Name and SSN/TIN as reported on 2018 Tax Return.</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td>415</td> <td>Parent 1's SSN / TIN</td> <td></td> </tr> <tr> <td>010</td> <td>Parent 1's last name</td> <td></td> </tr> <tr> <td>420</td> <td>Parent 2's SSN / TIN</td> <td></td> </tr> <tr> <td>011</td> <td>Parent 2's last name</td> <td></td> </tr> </tbody> </table>	HESC USE	Please report Parent's Last Name and SSN/TIN as reported on 2018 Tax Return.		415	Parent 1's SSN / TIN		010	Parent 1's last name		420	Parent 2's SSN / TIN		011	Parent 2's last name	
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415	Parent 1's SSN / TIN																
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011	Parent 2's last name																
_____ 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																



2020-2021 STUDENT CHANGE FORM

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 2020-2021 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, 2021 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 (SSN) 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 (SSN), attach a photocopy of your Social Security card.

B. Student Marital Data

If married, check box 2 and enter spouse's Social Security Number (SSN) or Tax ID Number (TIN) 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 2020-2021 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. Requesting TAP

If you want to apply for TAP, check Yes box.

If you are a recipient of a scholarship and do not want to apply for TAP, check No box, skip remaining questions and sign the Affirmation.

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, 2020, 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 2018 Income Data and Parents' 2018 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 after January 1, 2020, 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, 2018, report the custodial parent's income in Section G and the amount of support received on your behalf during 2018 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, 2020, 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, 2018, 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 (SSN) 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 college or other post-secondary school for at least one term of the 2020-2021 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/stepmother; 2=spouse;
3=parent/stepparent; 4=child/stepchild; 5=other.

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 (SSN) or Tax ID Number (TIN) and parent(s)' last name(s) must also be entered as reported on their 2018 tax return.