

**ANTICIPATED FINANCIAL AID VERIFICATION FORM
FOR THE NEW YORKER RESIDENCY**

Student Information (Please print legibly in blue or black ink)

Last Name: _____ First Name: _____

EMPLID: _____ Phone #: _____ E-Mail: _____

Semester and Year of Application: Fall _____ Spring _____

Selected Housing Plan: Lofted Triple Deluxe Triple Large Double Deluxe Double
 Double Single Large Single

Tuition and Fees Total: _____

Housing Total: _____

Anticipated Combined Total: _____

Student's Signature: _____ Date: _____

Anticipated Financial Aid Information (To be completed by Financial Aid)

<u>Type of Aid</u>	<u>Total Award</u>	<u>Applied Towards</u>
TAP:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
PELL:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
SEOG:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Direct Loan Subsidized:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Direct Loan Unsubsidized:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Plus Loan:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Perkins Loan:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Alternative Loan:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Scholarship :	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Tuition Payment Plan:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____
Other:	_____	<input type="checkbox"/> Tuition _____ <input type="checkbox"/> Housing _____

Anticipated Aid Amount Applied to Housing: _____

Anticipated Remaining Housing Cost: _____

Prepared by: _____

Signature: _____

Date: _____

Office Stamp Here