



401 West 130th Street, New York, NY 10027
Phone (917) 507-0070 --- Fax (917) 507-0019

Please Select Only One (1) Option

PAYMENT PLAN OPTIONS

Name: _____

Last four of SSN or Emplid ID Number: _____

OPTION 1

Semester Payment:

By signing below, I hereby acknowledge that I am choosing to enroll in the semester payment plan, such that each payment will be 1/2 (one-half) of the above-listed Housing License Fee, as stated in my Housing License Agreement, and shall be due as per the following payment plan schedule:

Fall 2016 Payment Due Dates:

August 1, 2016

Spring 2017 Payment Due Dates

January 1, 2017

Resident Signature

Date

OPTION 2

Installment Payment:

By signing below, I hereby acknowledge that I am choosing to enroll in an installment payment plan, such that each payment will be 1/10th (one-tenth) of the above-listed Housing License Fee, as stated in my Housing License Agreement, and shall be due as per the following payment plan schedule:

Fall 2016 Payment Due Dates:

July 1, 2016
August 1, 2016
September 1, 2016
October 1, 2016
November 1, 2016

Spring 2017 Payment Due Dates

December 1, 2016
January 1, 2017
February 1, 2017
March 1, 2017
April 1, 2017

Resident Signature

Date

OPTION 3

Financial Aid Deferment:

By signing below, I hereby acknowledge that I am choosing to enroll in the financial aid deferment plan. I understand that I must request deferment of any and all payments in writing prior to August 1, 2016 for the Fall semester and prior to January 1, 2017 for the Spring semester via the Financial Aid Verification Form. I

**All persons will be treated fairly and equally without regard to
race, color, religion, sex, family status, disability, national origin, or source of income.**



further understand that the ONLY reason that a request for a deferment of payments may be approved is with documentation of anticipated financial aid from my academic institution and/or lending institution. I am also aware that the documentation of anticipating financial aid must show the amount of anticipated financial aid, as well as the date of disbursement of the aid.

I understand that if I have enough aid to cover entire housing cost The Office of Housing and Residence Life may defer all payments until the aid comes in.

I understand that the Financial Aid Verification Form must be filled out by the financial aid department at my academic institution. Based on the disbursement date on the form, I understand that I will have ten (10) business days after the disbursement date to make payment.

I understand if I do not have enough aid to cover my entire housing cost, the aid will be applied to the last payments and I will be required to make the out-of-pocket payment based on the fixed installment plan amount.

Approval or denial of my request for deferment of payments is at the sole discretion of The Office of Housing and Residence Life, based upon the supporting documentation that I submit.

Resident Signature

Date



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