



401 West 130<sup>th</sup> 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 2017 Payment Due Dates:

Spring 2018 Payment Due Dates

August 1, 2017

January 1, 2018

\_\_\_\_\_  
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 1/10<sup>th</sup> (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 2017 Payment Due Dates:

Spring 2018 Payment Due Dates

July 1, 2017  
August 1, 2017  
September 1, 2017  
October 1, 2017  
November 1, 2017

December 1, 2017  
January 1, 2018  
February 1, 2018  
March 1, 2018  
April 1, 2018

\_\_\_\_\_  
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, 2017 for the Fall semester and prior to January 1, 2018 for the Spring semester via the Financial Aid Verification Form or information from CUNYFirst. I further understand that the ONLY reason that a request for a deferment of



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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.

I understanding that if I will not receive any aid or anticipated amount was decreased, I am still financially responsible for making all payments outlined in my License Agreement.

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.

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Resident Signature

Date



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