

2020-2021 Income Adjustment Request Form due to Special Circumstances

Student Name _____ EMPLID _____

CUNY Email Address _____ Phone Number _____

Your 2020-2021 FAFSA was based on your 2018 federal tax return data. If you and/or your spouse have unusual circumstances that have resulted in a reduction of your income since 2018, you are encouraged to apply for an Income Adjustment. Unusual circumstances can include, but are not limited to, loss of income, loss of employment, loss of benefits, death or divorce. If you are considered a dependent student for federal financial aid purposes and your family has unusual circumstances that have resulted in a reduction of their income since 2018, you can apply for an Income Adjustment based on your family's income.

Once you have gathered all of the documentation related to your special circumstances, submit it along with this signed and completed form to the Graduate Center Office of Fellowships and Financial Aid (Financialaid@gc.cuny.edu) for review. *If your documentation contains sensitive information, such as social security numbers or account numbers, please upload your request via our [Virtual Drop Off Service](#).*

PLEASE NOTE: An Income Adjustment Request submitted without the required letter of explanation and supporting documentation will not be considered. Submission of an Income Adjustment Request does not guarantee that your financial aid will be adjusted.

2020-2021 Income Adjustment Request

Section A: I am requesting an Income Adjustment as a result of (*Please mark your selection*):

<p>Loss of employment or substantial reduction in income from work that has lasted at least 6 weeks in 2018/2019/2020:</p> <p>_____ Student</p> <p>_____ Spouse</p> <p>_____ Parent</p>	<p>Examples of supporting documentation include:</p> <ul style="list-style-type: none"> • 2018 and/or 2019 IRS Tax Return Transcript & all W-2 forms & 1099 statements. • Letters from former or current employers (or both) regarding terms of employment and copies of last pay stub for each job held in the previous tax years • Copies of current pay stubs • Print out of Unemployment Compensation Payment History • Public Assistance budget letter, if applicable
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<p>Disability:</p> <p>_____ Student</p> <p>_____ Spouse</p> <p>_____ Parent</p>	<p>Examples of supporting documentation include:</p> <ul style="list-style-type: none"> • Copy of last year to date pay stub for each job held • Statement from employer, insurance company, workers compensation board or disability agency indicating when disability began • Proof of disability amount
<p>Reduction in or loss of benefit that has lasted at least 6 weeks in 2018/2019/2020: (e.g. Unemployment, Worker’s Comp, Child Support)</p> <p>_____ Student</p> <p>_____ Spouse</p> <p>_____ Parent</p>	<p>Examples of supporting documentation include:</p> <ul style="list-style-type: none"> • Notice of cancellation of benefit
<p>Separation/Divorce after Applying for Financial Aid:</p> <p>_____ Student</p> <p>_____ Parent</p>	<p>Examples of supporting documentation include:</p> <ul style="list-style-type: none"> • Copy of legal separation/ copy of divorce decree, or • If not legally separated, proof of different addresses (utility bill, lease for the period of separation) • 2018 and/or 2019 IRS Tax Return Transcript & all W-2 forms & 1099 Statements for student and spouse or for both parents • Proof of any child support paid
<p>Death of parent or spouse that occurred after applying for Financial Aid:</p> <p>_____ Spouse</p> <p>_____ Parent</p>	<p>Examples of supporting documentation include:</p> <ul style="list-style-type: none"> • Copy of death certificate • 2018 and/or 2019 IRS Tax Return Transcript & all W-2 forms & 1099 statements for student and spouse or both parents.
<p>Other circumstances not listed on form:</p> <p>_____ Student</p> <p>_____ Spouse</p> <p>_____ Parent</p>	<p>Examples of supporting documentation will vary based on the nature of the request.</p>

Section B - ANTICIPATED INCOME

Anticipated Income for the 12 month period of: _____ to _____

Please complete all fields. Use \$0 for any fields that do not apply

Income Sources	Student	Spouse	Parent #1	Parent #2
Wages Earned				
Pension Withdrawal				
Unemployment Compensation				
Worker's Compensation				
Child Support Received				
Veteran's Benefits				
Disability Benefits				
Severance Pay				
Cash Support				
Other Income				
TOTAL INCOME				
Child Support Paid				

Section C: CERTIFICATION

I certify that the information provided on this form and supporting documents is true and complete to the best of my knowledge. I agree to provide additional documentation, if requested. I understand that if at any time there is a change in the estimates of the income that I submit on this form, I will contact the Office of Financial Aid and Financial Aid as soon as possible. I understand that Income Adjustment Request Forms submitted without required supporting documentation and letters of explanation will not be considered. I also understand that submission of an Income Adjustment Request Form does not guarantee that my financial aid will be adjusted, and I am responsible for any outstanding balance owed to the college.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent #1 Signature: _____ Date _____

Parent #2 Signature: _____ Date: _____

Office Use Only

Decision: Approved Denied

Original EFC: _____ **Transaction #:** _____

New EFC: _____ **Transaction #:** _____

Comments:

FAO #1 Signature: _____ **Date:** _____

FAO #2 Signature: _____ **Date:** _____