

2019-2020 ISIR INTAKE WORKSHEET

Last Name: _____ First Name: _____ SS#: _____ CUNYFirst ID: _____

Please read, sign, and date.

If you are the student, by signing this application you certify that you:

- (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using a Federal Student Aid ID (FSA ID), you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

| Student Data – Demographic Information (Tab One) | | Student Data – Background Information (Tab One) | |
|--------------------------------------------------|--------------------------------------|-----------------------------------------------------------|---------------------|
| Last Name: | | Male or Female? | Male [] Female [] |
| First Name: | | Register with Selective Service? | Register Me [] |
| Middle Int.: | | Degree / Certification: | |
| Link CUNYFirst Address to ISIR: | | Current Grade Level: | |
| SSN Correct | | HS Diploma or Equivalent | |
| Date of Birth: | | High School Name: | |
| Home Phone Number: | | High School City: | |
| Link CUNYFirst Citizenship to ISIR: | US Citizen [] Elig. Non-citizen [] | Rcvd 1st Bach Deg. before you begin the 2019-2020 school: | Yes [] No [] |
| Alien Reg. Number: | A- | Interested in Work-Study? | Yes [] |
| E-mail Address: | | Drug Conviction affecting Eligibility: | No [] Yes [] |

| Student Data – Financial Information (Tab One) | | | | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------|--|------------------------|--|
| 2017 Federal Benefits Rec.: | [] Medicaid / SSI [] Food Stamps (SNAP) received in 2017 or 2018 [] Free School Lunch [] TANF (Welfare) [] WIC | | | | |
| Dislocated Worker? | [] Yes [] No | Tax Deferred Pension: | | Educational Credits: | |
| Tax Return Filed: | [] Completed [] Will file [] Will not file | Self Emp. Payment: | | Child Support Paid: | |
| Tax Form Used: | [] 1040 [] 1040A/EZ [] Other | Child Support Received: | | Need-Based Employment | |
| Tax Return Filing Status: | Single [] Married- Joint [] Married- Sep [] Head of Household [] Widow [] | Interest Income: | | Grant/Scholarship Aid: | |
| Eligible for 1040A/1040EZ | [] Yes [] No [] Don't Know | Untaxed IRA Dist.: | | Combat Pay: | |
| Asset Threshold Exceeded: | [] Yes [] No | Untaxed Pensions: | | Co-op Earnings: | |
| Adjusted Gross Income (AGI): | | Military Allowance: | | | |
| U.S. Tax Paid: | | Vet. Non-Ed Benefits: | | | |
| Exemptions: | | Other Untaxed Income: | | | |
| Student Income: | | Other Unreported Income: | | | |
| Spouse Income: | | | | | |
| Cash Savings: | | | | | |
| Investment Net Worth: | | | | | |
| Bus/Farm Net Worth: | | | | | |

Student Financial Services - Staff Only

Staff Signature: _____

Date collected: _____

Student Data – Dependency Status Information (Tab One)

| | | | | | |
|------------------------------------------------------|------------------------------|-----------------------------|----------------------------------------|------------------------------|-----------------------------|
| Were you born before January 01, 1996? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dependents other than children/spouse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working on a Master's or Doctorate Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Orphan / Ward of Court / Foster Care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you married?(answer "YES" if you are separated) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Veteran of the U.S. Armed Forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Children who received more than 1/2 of your support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Currently Serving on Active Duty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emancipated Minor Determined By Court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Youth Determined by SDL? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Legal Guardianship Determined By Court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unaccompanied Youth (HUD)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At Risk of Homelessness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Independent Student Information (Tab One)

| | | | |
|----------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|--|
| Marital Status: | Single <input type="checkbox"/> Mar. <input type="checkbox"/> Sep. <input type="checkbox"/> Div/Wid <input type="checkbox"/> | Number In Family: | |
| Marital Status Date: | | Number In College: | |
| Living Status | <input type="checkbox"/> Lining With Parent <input type="checkbox"/> Lining off Campus | | |

Parent Data Background Information (Tab Two)

| | | | |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|
| Marital Status: | Mar. <input type="checkbox"/> Never Mar. <input type="checkbox"/> Div/Sep. <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried/living together <input type="checkbox"/> | State of Legal Residence: | |
| Marital Status Date: | | Resident Prior to 2014: | <input type="checkbox"/> Yes Date: |
| Parent 1 SSN | | Parent 1 Last Name: | |
| Parent 1 Date of Birth: | | Parent 1 First Name Int.: | |
| Parent 2 SSN: | | Parent 2 Last Name: | |
| Parent 2 Date of Birth: | | Parent 2 First Name Int.: | |
| Number in Family: | | Number in College: | |

Parent Data – Financial Information (Tab Two)

| | | | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| 2017 Federal Benefits Rec.: | <input type="checkbox"/> Medicaid / SSI <input type="checkbox"/> Food Stamps (SNAP) received in 2017 or 2018 <input type="checkbox"/> Free School Lunch <input type="checkbox"/> TANF (Welfare) <input type="checkbox"/> WIC | | |
| Dislocated Worker? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Deferred Pension | Educational Credits: |
| Tax Return Filed: | <input type="checkbox"/> Completed <input type="checkbox"/> Will file <input type="checkbox"/> Will not file | Self Emp. Payment: | Child Support Paid: |
| Tax Form Used: | 1040 <input type="checkbox"/> 1040A/EZ <input type="checkbox"/> Foreign/PR <input type="checkbox"/> | Child Support Received | Need-Based Employment |
| Tax Return Filing Status: | Single <input type="checkbox"/> Married- Joint <input type="checkbox"/> Married- Sep <input type="checkbox"/> Head of Household <input type="checkbox"/> Widow <input type="checkbox"/> | Interest Income: | Grant/Scholarship Aid: |
| Eligible for 1040A or 1040EZ: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | Untaxed IRA Dist.: | Combat Pay: |
| Asset Threshold Exceeded: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Untaxed Pensions: | Co-op Earnings: |
| Adjusted Gross Income (AGI): | | Military Allowance: | Add. Financial Total: |
| U.S. Tax Paid: | | Vet. Non-Ed Benefits: | |
| Exemptions: | | Other Untaxed Income: | |
| Parent 1 Income: | | Untaxed Income: | |
| Parent 2 Income: | | | |
| Cash Savings: | | | |
| Investment Net Worth: | | | |
| Bus/Farm Net Worth: | | | |

Financial Aid Office Use Only.

Fall 2019 Spring 2020

Staff Comments: _____

Staff Signature: _____

Date: _____