



2019-2020 INCOME ADJUSTMENT FORM

PLEASE PRINT BELOW

Last Name		First Name	
Social Security #	XXX - XX -	CUNY First ID	

LaGuardia Community College recognizes that special circumstances may occur after the Free Application for Federal Student Aid (FAFSA) was completed, which may affect a student's eligibility for federal financial aid. If you, your spouse or parent(s) have experienced a significant decrease in income since 2017 due to one of the conditions described in this form, you may be eligible for an Income Adjustment. Please complete **Sections A & B** of this form and submit it to our office with the required documents as indicated for each category. If approved, Student Financial Aid Services will re-calculate the student's financial aid eligibility based on your estimated 2018 and/or 2019 income.

All requests for Income Adjustments MUST be submitted with:

- **2017 Tax Return Transcript(s) of the student and/or parent(s) or 2017 signed Federal Tax Returns**
- **2017 W2(s) of the student and/or parent(s)**
- **2019-2020 Standard Verification (V1)**

This form is being completed based on (a) special circumstance(s) experienced by the:

- Student** **Parent**

Section A. Please review the selections below and check the box(es) that apply(ies) to you.

Check Reason	Required Documents
<input type="checkbox"/> Loss or Reduction of Income	<p><i>For professional judgment due to a loss of income, there is a 10 week waiting period from the date of termination.</i></p> <ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ Copy of 2017 Tax Return Transcript(s) or 2017 Federal Tax Returns and W2s for student/spouse and/or parent(s). ▪ Copy of minimum 4 last pay stub(s) from a former employer(s) and/or current employer if applicable. ▪ Letter from current employer ▪ A detailed statement explaining your circumstances. ▪ The termination letter from a former employer. ▪ Copy of Unemployment Compensation Letter. ▪ Copy of DD214 if the appeal is due to discharge from active military duty. <p>*** NOTE: To be considered for a loss of income you must have worked full time (35 hours a week) for at least 30 weeks in 2017 and be currently unemployed.</p>
<input type="checkbox"/> Disability	<ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ A detailed statement explaining your circumstances. ▪ Copy of 2017 Tax Return Transcript(s) or 2017 Federal Tax Returns and W2s for student/spouse and/or parent(s). ▪ Proof of Disability Compensation. <p>*** NOTE: to be considered for loss of income due to a disability you <u>MUST</u> have become disabled in either 2017 or 2018 <u>BUT MUST HAVE WORKED</u> in 2017.</p>

<input type="checkbox"/> Loss of Untaxed Income (SSI, Child Support etc.)	<ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ A detailed statement explaining your circumstances. ▪ Documentation from the agency reflecting the monthly amount along with the termination date. <p>*** NOTE: You must have received untaxed income/benefits in 2017 but that benefit MUST have currently completely ceased.</p>
<input type="checkbox"/> Divorce/Separation	<ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ A detailed statement explaining your circumstances. ▪ Divorce/separation occurred after FAFSA was completed (submit divorce decree, proof of legal separation or separate households). ▪ Copy of 2017 Tax Return Transcript(s) or 2017 Federal Tax Returns and W2s for student/spouse and/or parent(s). <p>*** NOTE: In the case of separation, proof of separate residence is required. At least two (2) Utility billing statements for each person must be submitted to complete this review.</p>
<input type="checkbox"/> Death	<ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ A detailed statement explaining your circumstances. ▪ Copy of 2017 Tax Return Transcript(s) or 2017 Federal Tax Returns and W2s for student/spouse and/or parent(s). ▪ Death certificate. <i>(Must show relation to Student/Parent)</i>
<input type="checkbox"/> Excessive medical/dental expenses	<ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ A detailed statement explaining your circumstances. ▪ Copy of 2017 Tax Return Transcript(s) or 2017 Federal Tax Returns and W2s for student/spouse and/or parent(s). ▪ Copy of the Schedule A from original Tax Return(s). <p>*** NOTE: Excessive medical and/or dental expenses should have been claimed on your 2017 Tax Return(s). In the event that this was not possible, attach billing statements, receipts, etc.</p>
<input type="checkbox"/> Excessive Property loss/damaged due to a declared natural disaster	<ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ A detailed statement explaining your circumstances. ▪ Copy of 2017 Tax Return Transcript(s) or 2017 Federal Tax Returns and W2s for student/spouse and/or parent(s). ▪ Insurance claim forms and/or FEMA applications and any other relevant documents.
<input type="checkbox"/> Roth IRA Conversion	<ul style="list-style-type: none"> ▪ 2019-2020 Income Adjustment Form. ▪ A detailed statement explaining your circumstances. ▪ Copy of 2017 Tax Return Transcript(s) or 2017 Federal Tax Returns and W2s for student/spouse and/or parent(s). ▪ Proof of payment and an itemized statement showing funds usage. (Receipts, canceled checks, etc.) ▪ Documentation reflecting the source of the income. <p>*** NOTE: Only apply for this adjustment if you converted a traditional IRA into a Roth IRA.</p>
<input type="checkbox"/> Other	<ul style="list-style-type: none"> ▪ 2019-2019 Income Adjustment Form. ▪ A detailed statement explaining your circumstances and supporting documents

Section B. Anticipated Income for 2019

Please complete this section indicating the anticipated income (both taxable and untaxable) for this year January 1, 2019, to December 31, 2019. Please base values on yearly amounts.

STUDENT/PARENT(S) AVERAGE MONTHLY LIVING EXPENSES IN 2019

January 1, 2019, to December 31, 2019

Please list your family's average monthly expenses in 2019, even if those expenses were not paid by you. If you leave it blank it's assumed it's "0".

MONTHLY EXPENSE		MONTHLY INCOME	
Housing (rent or mortgage)		Wages from ALL Jobs	
Transportation		Unemployment Compensation	
Utilities/Cell phone		Pension / Retirement	
Food		Workman's Comp or Disability	
Clothing		Social Security	
Childcare		Food Stamps(SNAP) / WIC	
Medical / Dental		TANF	
Personal / Miscellaneous		Child support	
		Alimony	
		Cash gifts or personal loans	
		Bills paid by others on your behalf	
		Other: _____	
Total Monthly Expenses		Total Monthly Income	

- I am being supported by my parent(s) financially but live away from their home.
- I am Independent but live with and am being supported by my parent(s).

If your Average Monthly Income above is less than your Monthly Expense, you must explain how you met your expense: _____

Certification and Signature(s)

I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. As per Department of Education FAFSA regulations, if I (we) purposely give false or misleading information, I (we) may be fined, sent to prison, or both.

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

