



**NEW YORK CITY  
COLLEGE OF TECHNOLOGY**  
THE CITY UNIVERSITY OF NEW YORK  
300 JAY STREET, BROOKLYN, NY 11201-1909

OFFICE OF FINANCIAL AID  
Namm G-13  
718.260.5700 • Fax 718.254.8525  
financialaid@citytech.cuny.edu

## 2017-2018 Income Adjustment Request Form due to Special Circumstances

Student Name: \_\_\_\_\_ SS#: xxx-xx-\_\_\_\_\_ EMPLID: \_\_\_\_\_

Student Tel #: \_\_\_\_\_ Student Email: \_\_\_\_\_

If you or your family have unusual circumstances that have resulted in a reduction of your or your family's income that is considerably less than what was reported on the FAFSA, 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.

Carefully read and follow the steps below. Also complete the attached forms. Once you have collected all the documents requested, you must submit them to the New York City College of Technology Office of Financial Aid for consideration by the appropriate deadline date. (See note below)

**STEP 1-Verify your 2015 income information** by completing and SIGNING the 2017-2018 Verification Worksheet and bringing in appropriate 2015 income documents, i.e. **the 2015 IRS Tax Return Transcript and the IRS Transcript of all W-2 forms and 1099 statements for year 2015.** You can call the IRS to request these tax documents by calling 1-800-829-1040.

**STEP 2-Schedule an appointment for the Income Adjustment with a counselor and bring this completed form with you for your appointment.** Write a detailed statement on the next page explaining what change has occurred. The statement must include the date when the change took place and an explanation of how you and your family will be able to support yourselves for the next 12 months (Include the total dollar amount that you and your family expect to receive.) If you or your family are receiving outside assistance from family or friends, such as money paid on your behalf, room and board, etc., please state from whom and how much you are receiving. **ALL STATEMENTS MUST BE SIGNED AND DATED.**

**STEP 3-** Fully complete and sign attached forms. Provide all additional documentation as it relates to your special circumstance. See attached forms for the documentation requirements for your specific situation.

***An Income Adjustment Request submitted without required supporting documentation and letters of explanation will not be considered. Submission of an Income Adjustment Request does not guarantee that your financial aid will be adjusted.***

**PLEASE NOTE: SUBMISSION DEADLINES FOR THE 2017-2018 ACADEMIC YEAR INCOME ADJUSTMENTS AND ALL SUPPORTING DOCUMENTATION ARE AS FOLLOWS:**

**FALL 2017: NOVEMBER 16, 2017**

**SPRING 2018: April 16, 2018**

It is the policy of City Tech to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without regard to race, color, national or ethnic origin, religion, age, sex, sexual orientation, gender identity, marital status, disability, genetic predisposition or carrier status, alienage, citizenship, military or veteran status, unemployment status or status as a victim of domestic violence.



**Section A** I am requesting an Income Adjustment as a result of:

<p><b>Loss of employment or substantial reduction in income from work that has lasted at least <u>6 weeks</u> in 2016</b></p> <p><input type="checkbox"/> Parent  <input type="checkbox"/> Student  <input type="checkbox"/> Spouse</p>	<p><b>Required documentation</b>                  IRS Tax Return Transcript &amp; the 2015 IRS Transcript of all W-2 forms &amp; 1099 statements</p> <p>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 year; letters from employers regarding eligibility for severance pay or other benefits, may be requested</p> <p>Print out of Unemployment Compensation Payment History</p> <p>Public Assistance budget letter, if applicable</p>
<p><b>Disability of Parent, student or student's spouse</b></p> <p><input type="checkbox"/> Parent  <input type="checkbox"/> Student  <input type="checkbox"/> Spouse</p>	<p><b>Required documentation</b></p> <p>Copy of last year to date pay stub for each job held</p> <p>Statement from employer, insurance company, workers compensation board or disability agency indicating when disability began</p> <p>Proof of disability amount</p>
<p><b>Reduction in or loss of benefit that has lasted at least <u>6 weeks</u> in 2016</b>                  (e.g. Unemployment, Worker's Comp, Child Support)</p> <p><input type="checkbox"/> Parent  <input type="checkbox"/> Student  <input type="checkbox"/> Spouse</p>	<p><b>Required documentation</b></p> <p>Notice of cancellation of benefits/income</p>
<p><b>Death of parent or spouse that occurred after applying for Financial Aid</b></p> <p><input type="checkbox"/> Parent  <input type="checkbox"/> Spouse</p>	<p><b>Required documentation</b>                  Copy of death certificate                  2015 IRS Tax Return Transcript &amp; 2015 IRS Transcript of all W-2 forms &amp; 1099 statements for both parents or student and spouse</p>
<p><b>Separation/Divorce after applying for Financial Aid</b></p> <p><input type="checkbox"/> Parent  <input type="checkbox"/> Spouse</p>	<p><b>Required documentation</b>                  Copy of legal separation/ copy of divorce decree, <u>or</u>                  If not legally separated, proof of different addresses (utility bill, lease for the period of separation)</p> <p>2015 IRS Tax Return Transcript &amp; 2015 IRS Transcript of all W-2 forms &amp; 1099 Statements for both parents or student and spouse</p> <p>Proof of any child support paid or received</p>
<p><b>Other:</b></p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p>* Additional Documentation May be Requested*</p>	

**Section B Anticipated Income for the 12 month period of \_\_\_\_\_ to \_\_\_\_\_**

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

ANTICIPATED INCOME FOR THE 12 MONTH PERIOD FOLLOWING THE CHANGE IN YOUR SITUATION				
Income Source	Father	Mother	Student	Spouse
Wages earned	\$	\$	\$	\$
Pension Withdrawal	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Worker's Comp	\$	\$	\$	\$
Child Support Rec'd	\$	\$	\$	\$
Child Support Paid	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$
Disability Benefit's	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Cash Support	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>Total Income</b>				

**Section C Certification requesting income adjustment consideration:**

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 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 \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_