



2021-2022 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 2019 income information by completing and SIGNING the 2021-2022 Verification Worksheet and bringing in appropriate 2019 income documents, i.e. **the 2019 IRS Tax Return Transcript or 2019 Federal Tax return Form and the IRS Transcript of all W-2 forms and 1099 statements for year 2019.** 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 all pages of this form and sign in the applicable pages. Provide all additional documentation as it relates to your special circumstance.

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 2021-2022 ACADEMIC YEAR INCOME ADJUSTMENTS AND ALL SUPPORTING DOCUMENTATION ARE AS FOLLOWS:

FALL 2021: NOVEMBER 15, 2021
SPRING 2022: APRIL 15, 2022

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.

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

<p>Loss of employment or substantial reduction in income from work that has lasted at least <u>6 weeks</u> in 2019/2020/2021/2022</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • <input type="checkbox"/> 2020 & 2021, (2022 if applicable) IRS Tax Return Transcript & all W-2 forms & 1099 statements. • <input type="checkbox"/> 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; letters from employers regarding eligibility for severance pay or other benefits, may be requested. (letter should include termination date) • <input type="checkbox"/> Current pay stubs • <input type="checkbox"/> Print out of Unemployment Compensation Payment History (https://applications.labor.ny.gov/IndividualReg/) • <input type="checkbox"/> Public Assistance budget letter, if applicable
<p>Disability of Parent, student or student's spouse</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Copy of last year to date pay stub for each job held • <input type="checkbox"/> Statement from employer, insurance company, workers compensation board or disability agency indicating when disability began • <input type="checkbox"/> Proof of disability amount
<p>Reduction in or loss of benefit that has lasted at least <u>6 weeks</u> in 2019/2020/2021/2022 (e.g. Unemployment, Worker's Comp, Child Support)</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Notice of cancellation of benefits/income
<p>Death of parent or spouse that occurred after applying for Financial Aid</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Spouse</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Copy of death certificate • <input type="checkbox"/> 2020 & 2021, (2022 if applicable) IRS Tax Return Transcript & all W-2 forms & 1099 statements for both parents or student and spouse
<p>Separation/Divorce after applying for Financial Aid</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Spouse</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Copy of legal separation/ copy of divorce decree, <u>or</u> • <input type="checkbox"/> If not legally separated, proof of different addresses (utility bill, lease for the period of separation) • <input type="checkbox"/> 2020 & 2021, (2022 if applicable) IRS Tax Return Transcript & all W-2 forms & 1099 Statements for both parents or student and spouse • <input type="checkbox"/> Proof of any child support paid or received
<p>Other:</p>	
<p> </p>	
<p> </p>	
<p>* Additional Documentation May be Requested*</p>	

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Section B

Actual Income for the 12-month period of: _____ to _____

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	\$	\$	\$	\$
CARES Act Stimulus	\$	\$	\$	\$
Child Support Rec'd	\$	\$	\$	\$
Child Support Paid	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$
Disability Benefit's	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Cash Support	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
Total Income				

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 _____