

Student Financial Aid Office  
2800 Victory Blvd., Bldg. 2A Room 401  
Staten Island, New York 10314

**2021-2022 INCOME/EXPENSE ADJUSTMENT WORKSHEET**

**STUDENT NAME:** \_\_\_\_\_

**CUNYfirst ID** \_\_\_\_\_

Review the reason(s) below that best describes your family's change of economic circumstances and provide copies of the applicable documentation specified below. To be considered for an income/expense adjustment, you must submit this worksheet, and the required documentation to the Student Financial Aid Office.

**1. Loss of income**

**Student, spouse or (step) parent of dependent student has had a significant loss of income that is not reflected on the 2021-2022 FAFSA due to a period of unemployment, a change of jobs, going from full-time to part-time employment, disability, natural disaster or loss of untaxed income.**

**Documentation**

- \_\_\_ Copy of 2019 federal tax return transcript/federal tax return
- \_\_\_ Copy of letter of termination from employer stating your last day of work
- \_\_\_ Copy of last pay stub from employer(s)
- \_\_\_ Unemployment benefit letter
- \_\_\_ Statement from family/friend indicating financial support
- \_\_\_ Current public assistance budget letter
- \_\_\_ Proof of loss of unemployment benefits or untaxed income (unemployment history, worker's compensation statement, other disability agency indicating when employment terminated, etc.)

**2. Separation of Income**

**The student or parents of a dependent student have separated/ divorced or a spouse or (step) parent of the dependent student has passed away after the student has applied for federal student aid.**

**Documentation**

- \_\_\_ Copy of 2019 federal tax return transcript/federal tax return and W-2 forms for both parties
- \_\_\_ Copy of the legal separation, divorce decree or a statement indicating the date of separation
- \_\_\_ Copy of current pay stubs, proof of child support/alimony payments, social security, etc.)
- \_\_\_ Copy of the death certificate for the (step) parent or spouse

### 3. Unusual Expenses

- **Your family has tuition expenses at an elementary or secondary school** (Tuition does not include room, board, books, transportation, etc. Don't include tuition that you paid for yourself, tuition paid for by scholarships, or any tuition paid for preschool or college) **Documentation:** Proof of payment indicating the amount of elementary, junior high or high school tuition paid for each family member in 2019.
- **Your family has unusual medical or dental expenses, not covered by insurance.** **Documentation:** 2019 tax return transcript/federal tax return with Schedule A (if tax filer) and the actual receipts for these expenses, medical reimbursement account (flexible spending account).

#### **STATEMENT OF CERTIFICATION**

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. All special circumstance forms are reviewed on a case-by-case basis and you will be notified by mail of any adjustments.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date