

Last Name: _____

First Name: _____

Last Four Digits of SSN: _____

EMPL ID: _____

**I authorize the Financial Aid Office to make the changes below based on the information I/we have provided.
 The changes represent information that is accurate to the best of my/our knowledge.**

<i>Student Data – Demographic Information</i>		<i>Student Data – Background Information</i>	
Last Name:		Are you Male or Female?	
First Name:		Register with Sel. Service?	
Middle Int.:		Degree / Certification:	
Link CUNY First Address to ISIR	[] Yes	Current Grade Level:	
City:		HS Diploma or Equivalent:	
State Code:		High School Name:	
Zip Code:		High School City:	
Date of Birth:		First B.A. Deg. Before 2017-2018	
Home Phone Number:	()		
Citizenship Status:		Living Status:	[] LWP [] LAP
Alien Reg. Number:	A		
E-mail Address:			

<i>Student Data – Financial Information</i>					
Federal Benefits Rec. in 2015 or 2016	[] SSI [] Food Stamps (SNAP) [] Free School Lunch [] TANF (Public Assistance) [] WIC [] Medicaid				
Dislocated Worker?	[] Yes [] No	Cash Savings:		Educational Credits:	
Tax Return Filed:	[] Completed [] Will file [] Will not file	Investment Net Worth:		Child Support Paid:	
IRS Tax Form Used:	[] 1040 [] 1040A/EZ [] Other	Bus/Farm Net Worth:		Need-Based Empl:	
Eligible for 1040A/1040EZ	[] Yes [] No [] Don't Know	Tax Def. Pension:		Grant/Scholarship Aid:	
Filing Status:		Self Emp. Payment:		Combat Pay:	
Asset Threshold Exceeded:	[] Yes [] No	Child Support Rec:		Co-op Earnings:	
Adjusted Gross Income (AGI):		Interest Income:			
U.S. Tax Paid:		Untaxed IRA Dist.:			
Exemptions:		Untaxed Pensions:			
Student Income:		Military Allowance:			
Spouse Income:		Vet. Non-Ed Benefits:			
		Other Untaxed Inc.:			
		Other Unreported Inc:			

<i>Student Data – Dependency Status Information</i>					
Were you born before January 01, 1994?	[] Yes	[] No	Dependents other than children/spouse?	[] Yes	[] No
Working on a Graduate or Professional Program?	[] Yes	[] No	Orphan / Ward of Court / Foster Care?	[] Yes	[] No
Are you married?	[] Yes	[] No	Veteran of the U.S. Armed Forces?	[] Yes	[] No
Children who received more than ½ of your support?	[] Yes	[] No	Currently Serving on Active Duty?	[] Yes	[] No
Emancipated Minor Determined By Court?	[] Yes	[] No	Youth Determined by SDL?	[] Yes	[] No
Legal Guardianship Determined By Court?	[] Yes	[] No	Unaccompanied Youth (HUD)?	[] Yes	[] No
At Risk of Homelessness?	[] Yes	[] No			

<i>Independent Student Information</i>			
Marital Status:		Number In Family:	
Marital Status Date:		Number In College:	

Parent Data Background Information

Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried Living Together		
State of Legal Residence:		Resident Prior to 2012:	<input type="checkbox"/> Yes <input type="checkbox"/> No: Indicate Date ____/____
Marital Status 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: (Exclude Parents)	

Parent Data – Financial Information

Federal Benefits Rec. in 2015 or 2016:	<input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Free School Lunch <input type="checkbox"/> TANF (Public Assistance) <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid			
Dislocated Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tax Return Filed:	<input type="checkbox"/> Completed <input type="checkbox"/> Will file <input type="checkbox"/> Will not file	Tax Def. Pension:		Educational Credits:
Tax Form Used:		Self Emp. Payment:		Child Support Paid:
Eligible for 1040A or 1040EZ:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Child Support Rec:		Need-Based Empl:
Filing Status:		Interest Income:		Grant/Scholarship Aid:
Adjusted Gross Income (AGI):		Untaxed IRA Dist.:		Combat Pay:
U.S. Tax Paid:		Untaxed Pensions:		Co-op Earnings:
Exemptions:		Military Allowance:		Add. Financial Total:
Parent 1 Income:		Vet. Non-Ed Benefits:		
Parent 2 Income:		Other Untaxed Inc:		
Cash Savings:		Untaxed Income:		
Investment Net Worth:				
Bus/Farm Net Worth:				

STUDENT COMMENTS: _____

Non-Discrimination Notice - Hostos Community College does not discriminate on the basis of race, color, national origin, sex, disability, age, or any other category protected under federal, state, and city laws in its programs and/or activities. Inquiries regarding the College's non-discrimination policies can be directed to: Compliance Officer Eugene Sohn (Room A-322) at 718-518-4281 or ESOHN@hostos.cuny.edu

THIS FORM MUST BE SIGNED BELOW BEFORE ANY CHANGES CAN BE MADE BY THE FINANCIAL AID OFFICE.
DEPENDENT STUDENTS NEED BOTH STUDENT AND PARENT'S SIGNATURES ON THIS FORM BEFORE ANY CHANGES CAN BE MADE.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Trans #: _____ Current EFC: _____ New Trans #: _____ New EFC: _____

STAFF INITIALS: _____ DATE: _____ Acceptance Date _____

Additional Corrections Required _____ New Trans# _____ New EFC _____ Acceptance Date _____

STAFF INITIALS: _____ DATE: _____ Acceptance Date _____

Professional Judgment: Dependent to Independent Adjusted EFC Calculation New EFC: _____

STAFF INITIALS: _____ DATE: _____ Acceptance Date _____

