

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	<input type="checkbox"/> 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. by 07/2015?	
Home Phone Number:	( )		
Citizenship Status:		Living Status:	<input type="checkbox"/> LWP <input type="checkbox"/> LAP
Alien Reg. Number:	A		
E-mail Address:			

<i>Student Data – Financial Information</i>			
Federal Benefits Rec. in 2013 or 2014	<input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Free School Lunch <input type="checkbox"/> TANF (Welfare) <input type="checkbox"/> WIC		
Dislocated Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Def. Pension:	
Tax Return Filed:	<input type="checkbox"/> Completed <input type="checkbox"/> Will file <input type="checkbox"/> Will not file	Self Emp. Payment:	
IRS Tax Form Used:	<input type="checkbox"/> 1040 <input type="checkbox"/> 1040A/EZ <input type="checkbox"/> Other	Child Support Rec:	
Eligible for 1040A/1040EZ	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Interest Income:	
Asset Threshold Exceeded:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Untaxed IRA Dist.:	
Adjusted Gross Income (AGI):		Untaxed Pensions:	
U.S. Tax Paid:		Military Allowance:	
Exemptions:		Vet. Non-Ed Benefits:	
Student Income:		Other Untaxed Inc.:	
Spouse Income:		Other Unreported Inc:	
Cash Savings:			
Investment Net Worth:			
Bus/Farm Net Worth:			

<i>Student Data – Dependency Status Information</i>					
Were you born before January 01, 1992?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dependents other than children/spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working on a Graduate or Professional Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orphan / Ward of Court / Foster Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children who received more than ½ of your support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Currently Serving on Active Duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emancipated Minor Determined By Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Youth Determined by SDL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legal Guardianship Determined By Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unaccompanied Youth (HUD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At Risk of Homelessness?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 2010:	<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 2013 or 2014:	<input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Free School Lunch <input type="checkbox"/> TANF (Welfare) <input type="checkbox"/> WIC		
Dislocated Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Def. Pension:	
Dislocated Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Def. Pension:	Educational Credits:
Tax Return Filed:	<input type="checkbox"/> Completed <input type="checkbox"/> Will file <input type="checkbox"/> Will not file	Self Emp. Payment:	Child Support Paid:
Tax Form Used:		Child Support Rec:	Need-Based Empl:
Eligible for 1040A or 1040EZ:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	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 Michele Dickinson (Room A-336) at 718-518-4284 or [mdickinson@hostos.cuny.edu](mailto:mdickinson@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** \_\_\_\_\_