



**OFFICE OF FINANCIAL AID**  
 1637 Bedford Ave., Room S - 108  
 Brooklyn, NY 11225

Phone: (718) 270 - 6141  
 Fax: (718) 270 - 6194

**2020-2021 INCOME ADJUSTMENT FORM**

Medgar Evers College recognizes that special circumstances may occur after the Free Application for Federal Student Aid (FAFSA) was completed, which may affect a student’s eligibility for federal financial aid. If you, your spouse or parent(s) have experienced a significant decrease in income since 2018 due to one of the conditions described on this form, you may be eligible for an Income Adjustment.

Please complete **Section A** of this form and submit it to our office with the required documents as indicated for each category. If approved, the Office of Financial Aid will re-calculate the student’s financial aid eligibility.

**All requests for an Income Adjustment MUST be submitted with a signed Tax Return copy for the student and/or parent(s) & W-2(s).**

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

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

***This form is being completed based on special circumstance experienced by the:***

- Student/Spouse     Parent(s)

**Section A.** Please review the selections below and check the box(es) that apply(ies) to you.

Check Reason	Required Documents
<p align="center"><i>Loss or reduction of Income</i></p> <p align="center"><input type="checkbox"/></p>	<p><i>For professional judgment due to a loss of income there is a 10 week waiting period from the date of termination.</i></p> <ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Copy of 2018 Tax Return and W2(s) for student/spouse and/or parent(s).</li> <li>▪ Copy of last paystub(s) from former employer(s) and current employer(s) if applicable.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Termination letter from former employer.</li> <li>▪ Copy of Unemployment Compensation Letter.</li> <li>▪ Copy of DD214 if appeal is due to discharge from active military duty.</li> </ul> <p><b>*** NOTE: To be considered for a loss of income you must have worked full time (35 hours a week) for at least 24 weeks in 2018 and be currently unemployed.</b></p>
<p align="center"><i>Disability</i></p> <p align="center"><input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Copy of 2018 Tax Return and W2(s) for student/spouse and/or parent(s).</li> <li>▪ Proof of Disability Compensation.</li> </ul> <p><b>*** NOTE: to be considered for loss of income due to disability you MUST have become disabled in either 2018, 2019 or 2020 <u>BUT MUST HAVE WORKED</u> in 2018.</b></p>
<p align="center"><i>Loss of Untaxed Income (SSI, Child Support etc.)</i></p> <p align="center"><input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Documentation from the agency reflecting the monthly amount along with the termination date.</li> </ul> <p><b>*** NOTE: You must have received untaxed income/benefits in 2018 but that benefit MUST have currently completely ceased.</b></p>

<p><i>Divorce/Separation</i> <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Divorce/separation occurred after FAFSA was completed (submit divorce decree, proof of legal separation or separate households).</li> <li>▪ Copy of 2018 Tax Return and W2(s) for student/spouse and/or parent(s).</li> </ul> <p><b>*** NOTE: In the case of separation, proof of separate residence is required. At least two Utility billing statements for each person must be submitted to complete this review.</b></p>
<p><i>Death</i> <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Copy of 2018 Tax Return and W2(s) for student/spouse and/or parent(s).</li> <li>▪ Death certificate.</li> </ul>
<p><i>Excessive medical/dental expenses</i> <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Copy of 2018 Tax Return and W2(s) for student/spouse and/or parent(s).</li> <li>▪ Copy of the Schedule A form original Tax Return(s).</li> </ul> <p><b>*** NOTE: Excessive medical and/or dental expenses should have been claimed on your 2018 Tax Return(s). In the event that, this was not possible, attach billing statements, receipts, etc.</b></p>
<p><i>Excessive Property loss/damaged due to a declared natural disaster</i> <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Copy of 2018 Tax Return and W2(s) for student/spouse and/or parent(s).</li> <li>▪ Insurance claim forms and/or FEMA applications and any other relevant documents.</li> </ul>
<p><i>Roth IRA Conversion</i> <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances.</li> <li>▪ Copy of 2018 Tax Return and W2(s) for student/spouse and/or parent(s).</li> <li>▪ Proof of payment and an itemized statement showing funds usage. (Receipts, cancelled checks, etc.)</li> <li>▪ Documentation reflecting the source of the income.</li> </ul> <p><b>*** NOTE: Only apply for this adjustment if you converted a traditional IRA into a Roth IRA.</b></p>
<p><i>Other</i> <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>▪ 2020-2021 Income Adjustment Form.</li> <li>▪ Detailed statement explaining your circumstances and supporting documents.</li> </ul>

**Certification and Signature(s)**

*By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge.*

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

