

KINGSBOROUGH COMMUNITY COLLEGE ISIR REQUEST / CORRECTION FORM 2012 - 2013

Financial Aid Office

PLEASE PRINT BELOW

Last Name: _____

First Name: _____

Social Security #: _____ - _____ - _____

Dependency Override ☐ Income Adjustment: ☐

PJ STATUS: Approved ☐ Denied ☐

Signature: _____ Date: _____

For Administrative Use Only

Old EFC _____ Tran # _____

New EFC _____ Tran # _____

Received By: _____ Date: _____

Reviewed By: _____ Date: _____

Corrected By: _____ Date: _____

Processed By: _____ Date: _____

SPACE BELOW USED ONLY FOR CORRECTIONS

Student's Information		Parent's Information	
1. Last Name		45. Born Before 01-01-1989?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. First Name		46. Are you married?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Address		47. Working on Master's or Doctorate Degree?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. City		48. Currently serving in Armed Forces? (Doc req'd)	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. State		49. Veteran of U.S. Armed Forces? (Doc req'd)	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Zip Code		50. Have dependent Children?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Social Security Number	- -	51. Have Dependents other than Children?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Date of Birth	/ / 19	52. Since age 13 Orphan, Ward of the Court, Foster care?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Telephone Number	() -	53. Emancipated Minor? (Doc req'd)	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Drivers License Number		54. Legal Guardianship? (Doc req'd)	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Drivers License State		55, 56, 57. Unaccompanied youth who was homeless? (Doc req'd)	#_____ YES <input type="checkbox"/> NO <input type="checkbox"/>
		Parent's Information	
13. Email Address		58. Parent's Marital Status	
14. Citizenship Status	US <input type="checkbox"/> EN <input type="checkbox"/>	59. Marital Status Date	
15. Alien Registration Number	A -	60. Father's/ Stepfather's Social Security #	- -
16. Marital Status		61. Father's/ Stepfather's Last Name	
17. Date of Marital Status		62. Father's / Stepfather's First Name Initial	
18. State of Legal Residence		63. Father's/ Stepfather's Date of Birth	/ / 19
19. Legal Residence Before 01/01/2007	YES <input type="checkbox"/> NO <input type="checkbox"/>	64. Mother's / Stepmother's Social Security #	- -
20. Date You Became a Legal Resident		65. Mother's / Stepmother's Last Name	
21. Are you a Male or Female?	Male <input type="checkbox"/> Female <input type="checkbox"/>	66. Mother's / Stepmother's First Name Initial	
22. Register me with the Selective Service	Register me <input type="checkbox"/>	67. Mother's / Stepmother's Date of Birth	/ / 19
23. Convicted of Drug Possession or Sale?	YES <input type="checkbox"/> NO <input type="checkbox"/>	68. Parents Email address	
26. What will be your high school completion status?		69. Parents State of legal residence	
27. Name, City & State of High School?		70. Legal Resident before 01/01/2007	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. Will you have your first bachelor's degree before July 1, 2012?	YES <input type="checkbox"/> NO <input type="checkbox"/>	82. Is either of your parents a dislocated worker?	YES <input type="checkbox"/> NO <input type="checkbox"/>
29. What will be your grade level?		100. Are you / spouse a dislocated worker?	YES <input type="checkbox"/> NO <input type="checkbox"/>
30. What degree will you be working on?		101a. DRN (College Code)	DRN _____
31. Are you interested in FWS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	101 b. Housing Plan	Not Living with Parent <input type="checkbox"/> With Parent <input type="checkbox"/>
103. Signatures	Student Only <input type="checkbox"/> Parent Only <input type="checkbox"/> Student & Parent <input type="checkbox"/>	Notes: _____ _____ _____ _____ _____	

Student's		Parent's	
32. YES <input type="checkbox"/> NO <input type="checkbox"/>	Filed 2011 IRS Income Tax Return?	79. YES <input type="checkbox"/> NO <input type="checkbox"/>	
33. 1040 <input type="checkbox"/> 1040A/EZ <input type="checkbox"/> Foreign <input type="checkbox"/>	Type of 2011 Tax Form Used	80. 1040 <input type="checkbox"/> 1040A/EZ <input type="checkbox"/> Foreign <input type="checkbox"/>	
34. YES <input type="checkbox"/> NO <input type="checkbox"/>	Eligible to file 1040A or 1040EZ?	81. YES <input type="checkbox"/> NO <input type="checkbox"/>	
35. \$	Adjusted Gross Income (AGI) (1040-37,1040A-21,1040EZ -4)	83. \$	
36. \$	U.S. Income Tax Paid (1040-55,1040A-35,1040EZ -11)	84. \$	
37.	Exemptions Claimed (1040-6D,1040A-6D)	85.	
38. \$	Student's / Father / Stepfather's Income from Work	86. \$	
39. \$	Spouse's/ Mother/ Stepmother's Income from Work	87. \$	
40. \$	Cash, Savings and checking	88. \$	
41. \$	Net worth of Investments	89. \$	
42. \$	Net worth of Businesses	90. \$	
43a. \$	Education Credit (1040-49,1040A-31)	91a. \$	
43b. \$	Child Support Paid (Need additional Doc)	91b. \$	
43c. \$	Federal work Study	91c. \$	
43d. \$	Student grants & Scholarships	91d. \$	
43e. \$	Combat Pay	91e. \$	
43f. \$	Earnings from Work under co-op education program offered by college	91f. \$	
44a. \$	W2 form 12a-12d code D,E,F,G,H & S	92a. \$	
44b. \$	IRA Deduction (1040-28+32,1040A-17)	92b. \$	
44c. \$	Child Support Received	92c. \$	
44d. \$	Tax Exempt Interest (1040-8B,1040A-8B)	92d. \$	
44e. \$	Untaxed portion of IRA (1040-15a-15b,1040A- 11a-11b)	92e. \$	
44f. \$	Untaxed portion of Pension (1040-16a-16b,1040A- 12a-12b)	92f. \$	
44g. \$	Housing, food allowance to clergy, military	92g. \$	
44h. \$	Veterans non educational benefits	92h. \$	
44i. \$	Other untaxed income not reported (1040-67)	92i. \$	
44j. \$	Money received or paid on your behalf		
93.	How many people are in your Household?	72.	
94.	Number in College for 2012-2013?	73.	
In 2010 or 2011 did anyone in parents household receive any of the following:	74. SSI <input type="checkbox"/> 75. Food Stamp <input type="checkbox"/> 76. Free/Reduced Lunch <input type="checkbox"/>	77. TANF <input type="checkbox"/> 78. WIC <input type="checkbox"/>	
In 2010 or 2011 Student/ Spouse receive any of the following:	95. SSI <input type="checkbox"/> 96. Food Stamp <input type="checkbox"/> 97. Free/Reduced Lunch <input type="checkbox"/>	98. TANF <input type="checkbox"/> 99. WIC <input type="checkbox"/>	

If you are the student, by signing this certification you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a federal student loan, and (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this certification you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S or state income tax forms that you filed or are required to file. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service and other federal agencies.** If you sign any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

All of the information provided by me and any other person on this form is true and complete to the best of my knowledge. I understand that this application is being filed jointly by all signatures. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may be denied aid

_____	_____	_____	_____
Student Signature	Date	Parent Signature	Date