



## 2024-2025 Income Adjustment

Student Name \_\_\_\_\_ BMCC ID Number \_\_\_\_\_

Please indicate if you are completing this form as an independent student or as a dependent student

- Independent student** (please provide student and spouse (if applicable) information below with documentation)  
 **Dependent student** (please provide parent(s) information below with documentation)

Check the box below that reflects your situation **and** return this completed form along with:

- 1) **Copy of Student/Spouse or parent(s) Federal 2022 tax transcripts or complete the IRS Direct Data Exchange (DDX) on the FAFSA;**
- 2) **A brief letter explaining your situation;**
- 3) **Any additional documentation listed below;**
  - If unemployment/reduced hours: Copy of employment termination or notification of reduction in hours from employer.
  - If one-time income: Copy of proof of the one-time income (ex. W2, tax schedules, 1099, etc.).
  - If death of a wage earner: Copy of the death certificate.
  - If divorce/separation: Copy of legal separation or divorce papers, clear documentation concerning expected child and/or spousal support payment.

**Loss of Income**

My family's income has declined in 2024-2025 due to:

- Unemployment  Retirement  Change of employer  Reduction in hours  
 A one-time income received in 2022  Death of a wage earner  Divorce/separation.

Household size in 2024-2025 year: \_\_\_\_\_ # in Household \_\_\_\_\_ # in College (for divorce/separation only)

<b>Income Information</b> <u>Independent</u> -Complete with Student/Spouse (if applicable) information <u>Dependent</u> -Complete with Parent information	<u>Calendar Year</u> <i>Jan. 2024 - Dec. 2024</i>	<u>Academic Year</u> <i>June 2024 - June 2025</i>
Gross Income from Work – Student or Parent 1	\$	\$
Gross Income from Work – Student's Spouse or Parent 2	\$	\$
Other Taxable Income - Please circle:(ex. alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Other Non-Taxable Income - Please circle: (ex. child support received, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Income Exclusions – Please circle: (ex. child support PAID, AmeriCorps award, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$

**Extraordinary Expenses (please provide documentation of expenses)**

- Extraordinary medical/dental expenses not covered by insurance (please attach documentation).  
 I have the following unusual circumstances which limit my ability to assist with my own educational expenses: \_\_\_\_\_

**CERTIFICATION: I certify that the information provided on this form is true and figures provided above are accurate to the best of my ability.**

\_\_\_\_\_  
**Student or Parent Signature**

\_\_\_\_\_  
**Date**