

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ CUNYfirst ID: \_\_\_\_\_

***Please read, sign, and date.***

If you are the student, by signing this application 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 from more than one college for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and 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 this 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 Federal Student Aid ID (FSA ID), you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

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

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

### Student Data – Demographic Information

|                                     |   |  |   |
|-------------------------------------|---|--|---|
| Last Name:                          |   | Degree / Certification:  |   |
| First Name:                         |   | Current Grade Level:   |   |
| Middle Int.:                        |   | HS Diploma or Equivalent:                                      |   |
| Corrected SSN:                      |   | High School Name:  |   |
| Date of Birth:                      |   | High School City:  |   |
| Home Phone Number:                  |   | Rcvd 1st Bach Deg. before you begin the 2023-2024 school year: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Link CUNYfirst Citizenship to ISIR: | <input type="checkbox"/> US Citizen<br><input type="checkbox"/> Eligible noncitizen | Interested in Work-Study?                                      | <input type="checkbox"/> Yes                                |
| Alien Reg. Number:                  | <input type="checkbox"/> A-   |  |   |
| E-mail Address:                     |   |  |   |

### Student Data – Financial Information

|                              |   |                          |                        |
|------------------------------|---|--------------------------|------------------------|
| 2021 Federal Benefits Rec.:  | <input type="checkbox"/> Medicaid/SSI <input type="checkbox"/> FoodStamps (SNAP) received in 2021 or 2022 <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 Deferred 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:               | <input type="checkbox"/> 1040<br><input type="checkbox"/> Foreign Tax Return/1040NR/EZ<br><input type="checkbox"/> US Territory/Other   | Child Support Received:  | Need-Based Employment  |
| Tax Return Filing Status:    | <input type="checkbox"/> Single<br><input type="checkbox"/> Married-Joint <input type="checkbox"/> Married-Sep<br><input type="checkbox"/> Head of Household <input type="checkbox"/> Widow                               | Interest Income:         | Grant/Scholarship Aid: |
| Did you file a Schedule 1?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> Don't Know   | Untaxed IRA Dist.:       | Combat Pay:            |
| Adjusted Gross Income (AGI): |   | Untaxed Pensions:        | Co-op Earnings:        |
| U.S. Tax Paid:               |   | Military Allowance:      |                        |
| Student Income:              |   | Vet. Non-Ed Benefits:    |                        |
| Spouse Income:               |   | Other Untaxed Income:    |                        |
| Cash Savings:                |   | Other Unreported Income: |                        |
| Investment Net Worth:        |   |                          |                        |
| Bus/Farm Net Worth:          |   |                          |                        |

SFS Staff Initials: \_\_\_\_\_  
 Date collected: \_\_\_\_\_

| Student Data – Dependency Status Information         |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Were you born before January 01, 2000?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dependents other than children/spouse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working on a Master's or Doctorate 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? (answer "YES" if you are separated) | <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 |

|                            |   |
|----------------------------|---|
| <b>Federal School Code</b> | <b>010051-00</b>  |
| <b>School Name/State</b>   |   |
| <b>Student DRN</b>         |   |
| <b>Housing Plan</b>        | <input type="checkbox"/> with Parent<br><input type="checkbox"/> off Campus |

I (full name) \_\_\_\_\_ give permission to Student Financial Services of LaGuardia Community College to add LaGuardia Community College school code to my FAFSA application.

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

| Independent Student Information |  |                      |  |
|---------------------------------|--|----------------------|--|
| Marital Status:                 | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow<br><input type="checkbox"/> Divorced/Separated | Number in Household: |  |
| Marital Status Date:            |  | Number in College:   |  |
| Living Status                   | <input type="checkbox"/> Living with Parent<br><input type="checkbox"/> Living off Campus  |                      |  |

| Parent Data Background Information |  |                           |  |
|------------------------------------|--|---------------------------|--|
| Marital Status:                    | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow<br><input type="checkbox"/> Div./Sep. <input type="checkbox"/> Unmarried & living together | State of Legal Residence: |  |
| Marital Status Date:               |  | Resident Prior to 2018:   | <input type="checkbox"/> Yes   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 Household:               |  | Number in College:        |  |

| Parent Data – Financial Information |  |                         |                        |
|-------------------------------------|--|-------------------------|------------------------|
| 2021 Federal Benefits Rec.:         | <input type="checkbox"/> Medicaid / SSI <input type="checkbox"/> Food Stamps (SNAP) received in 2021or2022 <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 Deferred 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:                      | <input type="checkbox"/> 1040<br><input type="checkbox"/> Foreign Tax Return/1040NR/EZ<br><input type="checkbox"/> US Territory/Other  | Child Support Received: | Need-Based Employment: |
| Tax Return Filing Status:           | <input type="checkbox"/> Single<br><input type="checkbox"/> Married-Jointly <input type="checkbox"/> Married-Sep.<br><input type="checkbox"/> Head of Household <input type="checkbox"/> Widow                             | Interest Income:        | Grant/Scholarship Aid: |
| Did you file a Schedule 1?          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know   | Untaxed IRA Dist.:      | Combat Pay:            |
| Adjusted Gross Income (AGI):        |  | Untaxed Pensions:       | Co-op Earnings:        |
| U.S. Tax Paid:                      |  | Military Allowance:     | Add. Financial Total:  |
| Parent 1 Income:                    |  | Vet. Non-Ed Benefits:   |                        |
| Parent 2 Income:                    |  | Other Untaxed Income:   |                        |
| Cash Savings:                       |  | Untaxed Income:         |                        |
| Investment Net Worth:               |  |                         |                        |
| Bus/Farm Net Worth:                 |  |                         |                        |

**SFS Official Use Only**

Fall 2023    Spring 2024   Comments: \_\_\_\_\_

FAO Signature: \_\_\_\_\_

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