

2019-2020 College Discovery Supplemental Form

Student Name:		CUNY EMPLID:	_ CUNY EMPLID:		
Email:	Phone numb	er:	Birthdate:		
To qualify for the College D Complete the Free Applicat Complete the NYS Tuition A Be a NYS resident (parent) Document household size A	tion for Federal Student Aid Assistance Program (TAP) (s) of dependent students n	d (FAFSA) application nust also be residents)			
All applicants to the College Discovery program must meet the economic criteria listed below established by New York State (NYS) guidelines.					
Persons in the 2017 Household	Total Annual Household Income	Persons in the 201 Household	7 2017's Total Upper Income Limit		
1	\$22,459	6	\$62,419		
2	\$30,451	7	\$70,411		
3	\$38,443				
4	\$46,435	Add \$7,992 for each	family member in excess of 7		
5	\$54,427				
Household Information: List all household members. Only include yourself, your parents (if dependent) and anyone else you or your parent(s) will support between July 1, 2019 and June 30, 2020.					
Please check here if you are an orphan, currently are or were in foster care or a ward of the court. You may be eligible for additional benefits.					
Full Name	A	ge	Relationship to Student		
			self		

You Must Submit Only Those Documents Listed Below THAT APPLY TO YOU and YOUR PARENT(S) (if a dependent student)

	2017 Federal Tax Return Transcript - this must be reque or by calling 1-800-908-9946	sted online at www.irs.gov/transcript			
	2017 Social Security Form 1099 or benefit notice for all members in the household				
	2017 Veteran benefit award letter				
	2017 Supplemental Security Income (SSI) benefit letter for all members in the household				
	2017 Public Assistance Budget letter, listing all family members in the case				
	Court order, divorce decree, or signed letter from the non-custodial parent indicating how much child support was paid in 2017				
	If you cannot document any income, you must submit an IRS Verification of Non-filing Letter - Use IRS Form 4506-T found on www.IRS.gov. Complete ALL sections of form with requested information, checking box 7 & 8 and send to mailing address or fax number provided. The response must be submitted to your school along with this application.				
	ification and Signatures - Parent signature required for gning this form, I (we) certify that all the information repo				
Stude	ent's Signature	Date			
 Paren	 nt's Signature	 Date			

Information collected on this form and supporting documentation is to determine your eligibility for College Discovery. You may be asked to submit additional information by the Office of Financial Aid if required by the U.S. Department of Education. Please comply with all such requests in order to complete your financial aid application.