



2008 – 2009 ISIR CORRECTION WORKSHEET

DRN _____

Last Name: _____ First Name: _____ SS#: _____

I authorize the Financial Aid Office at Borough of Manhattan Community College to make the changes below based on information I/we have provided. These changes represent information that is correct to the best of my/our knowledge.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

DO NOT WRITE BELOW

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Financial Aid Signature: _____

Date: ____/____/____

Worksheet A

<u>STUDENT</u>		<u>PARENT(S)</u>
	Earned Income Credit	
	Additional Child Tax Credit	
	Welfare Benefits	
	Social Security Benefits Received That Were Not Taxed (Such as SSI)	
	ENTER TOTAL ON LINE 40/84	

Worksheet B

	IRA Deductions/Payment to SEP, SIMPLE, Keogh	
	Payments to Tax Deferred Pension and Savings Plans, Including Amounts Reported on W-2 Form in Boxes 12A-12D, Codes D,E,F,G,H,S	
	Child Support You Received For All Children	
	Cash Received or Money Paid on Your Behalf	XXXXXXXXXXXXXXXXXXXXXX
	Untaxed Portions of Pensions	
	Other Untaxed Income	
	ENTER TOTAL ON LINE 41/85	

Worksheet C

	Education Credits (Hope and Lifetime)	
	Child Support You Paid. Don't Include Support for Children in Your Household.	
	Taxable Earning From Federal Work Study	
	ENTER TOTAL ON LINE 42/86	

BUSINESS INFORMATION

Business Name: _____

Is this business owned by either the student or the student's parent's (if dependent)? ____ Yes ____ No.

Does your business employ less than 100 employees? ____ Yes ____ No

Business Value \$ _____ Minus Business Debt \$ _____ Equals Net Worth \$ _____
ENTER ON LINE 45/89

REAL ESTATE PROPERTIES

PROPERTY 1	PROPERTY 2
Address _____ _____	Address _____ _____
Current Market Value \$ _____	Current Market Value \$ _____
Current Property Debt \$ _____	Current Property Debt \$ _____
Percentage of home that is rental property _____%	Percentage of home that is rental property _____%

ENTER TOTAL(S) ON LINE 44/88

For PETS Coordinator's Use Only.

Fall 08 _____	Spring 09 _____	DEPENDENCY OVERRIDE <input type="checkbox"/>	INCOME ADJUSTMENT <input type="checkbox"/>	EXPENSE ADJUSTMENT <input type="checkbox"/>
DATE _____	INITIALS _____	OK TO PAY? _____	OLD TRANS # _____	OLD EFC _____
			NEW TRANS # _____	NEW EFC _____
				DATE _____

FA Staff Comments: _____

