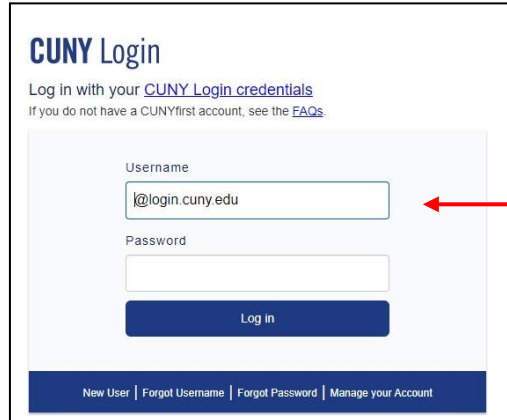


How to Complete the CUNY Supplement Form

STEP# 1: Log into your **CUNYfirst** account at <https://home.cunyfirst.cuny.edu>.



CUNY Login
Log in with your [CUNY Login credentials](#)
If you do not have a CUNYfirst account, see the [FAQs](#).

Username

Password

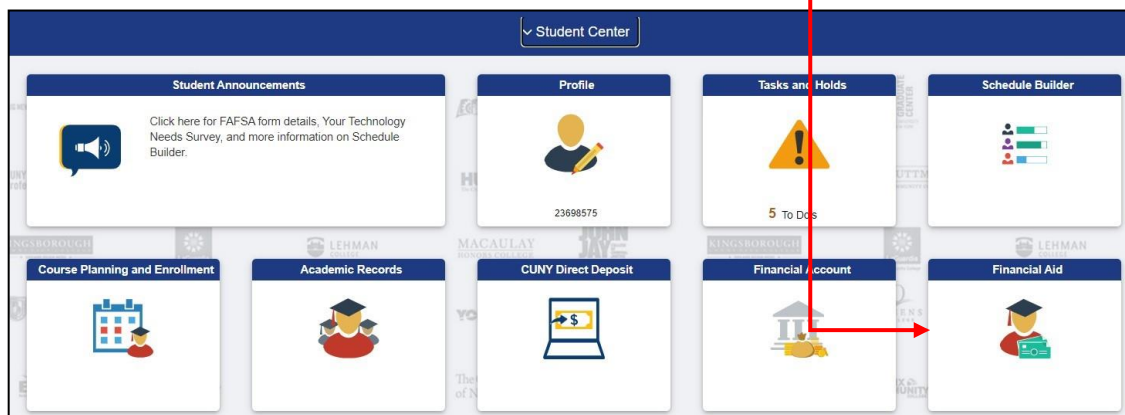
Log in

[New User](#) | [Forgot Username](#) | [Forgot Password](#) | [Manage your Account](#)

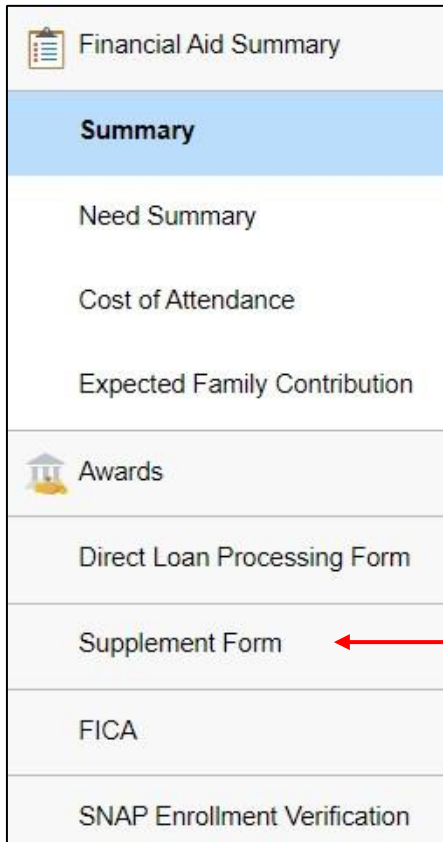
STEP# 2: Once you have logged in, select **Student Center**.



STEP# 3: Scroll down, find and click the **Financial Aid** tile.



*A new page will display, on the left side of the screen, click the **Supplement Form** link.




Financial Aid Summary

Summary

Need Summary

Cost of Attendance

Expected Family Contribution

 Awards

Direct Loan Processing Form

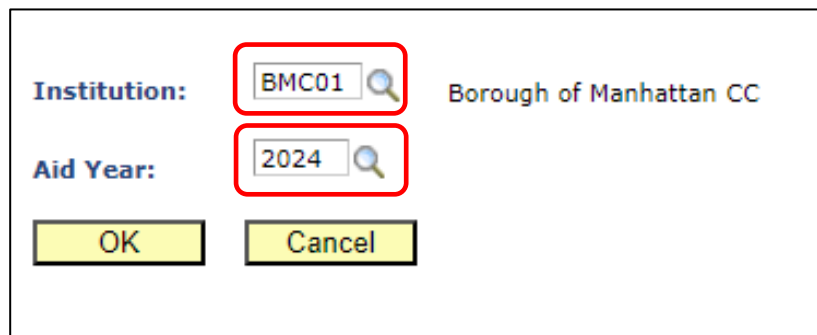
Supplement Form


FICA


SNAP Enrollment Verification

*After you click on the Supplement Form link:

- On the **Institution** field, click on the magnifying glass and select **Borough of Manhattan CC** or type **BMC01**.
- On the **Aid Year** field, enter **2024** for **Fall 2023** and **Spring 2024**.



Institution:  Borough of Manhattan CC

Aid Year: 

STEP# 4: Once you have selected the Institution and Aid Year, the Supplement Form will become available.

* Answer every question marked with an **asterisk (*)** and any other applicable question.

Questions to be completed

1. Were you eligible to be claimed or were you claimed as a dependent on your parents' New York State or federal tax return for the previous year? **NOTE: If yes, YOU MUST REPORT PARENTS' INCOME** below. If no, leave the questions relating to parental exclusion and income information blank. Yes ☐ No ☐

2. Does your employer reimburse you for tuition expenses? **NOTE: APTS awards are limited by the actual tuition paid by the applicant. In considering an applicant for an award, the institution must take into account other sources of financial aid available. Check YES if your employer has paid, or will reimburse, all or part of your tuition for the term(s) within the award year.** Yes ☐ No ☐

3. If yes, enter reimbursed amount?

4. For how many dependents will you, the applicant, pay child/elder expenses in academic year 2022-2023? If none, enter zero.

N/A Yes ☐ No ☐

N/A Yes ☐ No ☐

N/A Yes ☐ No ☐

5. EXCLUSION OF PARENTS' INCOME - If your parents are divorced, separated, never married or one of your parents is deceased, report in question 6 the income of the parent with whom you lived most in the previous year or who had custody or would have had custody if you were a minor. **TO EXCLUDE THE INCOME OF PARENT 1 OR PARENT 2** give the reason by checking the appropriate box. Enter the **EARLIEST DATE** of death or separation/divorce and enter the amount of support received if separated/divorced. Only one parent's income can be excluded for separation/divorce.

To exclude PARENT 1's income- Reason: Deceased ☐ Separated or Divorced ☐ Date:

To exclude PARENT 2's income- Reason: Deceased ☐ Separated or Divorced ☐ Date:

Amount

STEP# 5: After you have answered all the required and applicable questions, click **Save** and **Submit** to complete the form.

Support Amount: Enter the amount of support received for you from the parent whose income is to be excluded. If none, enter zero.

6. IF YOU ARE DEPENDENT, ENTER PARENTS' EXEMPTIONS AND 2020 NEW YORK STATE TAXABLE INCOME IN THE BOXES PROVIDED.

Parent 1's Separate Net Taxable Income (NTI) OR Joint NTI with Parent 2 and exemptions	Exemptions	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent 2's Separate Net Taxable Income (NTI) and exemptions	<input type="text"/>	<input type="text"/>
N/A		<input type="text"/>

7. APPLICANT/SPOUSE (IF MARRIED) INCOME STATEMENT: ENTER YOUR/SPOUSE'S EXEMPTIONS AND 2020 NEW YORK STATE TAXABLE INCOME IN THE BOXES PROVIDED.

Your Net Taxable Income (NTI) and exemptions	Exemptions	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Spouse's Separate Net Taxable Income (NTI) and exemptions	Exemptions	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
N/A		<input type="text"/>

☐ The applicant affirms that the information herein is true and accurate. By checking this box you are providing your electronic signature for this supplement form.

*****After submission, please allow time for the form to be processed.*****