

## **OFFICE OF FINANCIAL AID**

120 East 149<sup>th</sup> Street, Savoy Building RM B-115 Bronx, NY 10451 Tel: (718) 518-6555, Fax: (718) 518-4430

## 2017-2018 CLARIFICATION OF SUPPORT FORM (INDEPENDENT STUDENT)

Last Name:		First Name:
Last Four Digits o	of SSN:	EMPL ID:
		olication for Federal Student Aid (FAFSA) differs from the exemption(s) reporte e complete the questions below to help resolve this discrepancy.
Household size rep	oorted on FAFSA:	
Total exemption(s)	on your and your spouse's	2015 federal income tax return:
PLEASE COMPLETE	THE QUESTIONS BELOW T	O HELP RESOLVE THIS DISCREPANCY:
<ol> <li>List the indiv tax return:</li> </ol>	ridual(s) in your <i>(and if marı</i>	ried, your spouse's) household who were not claimed as an exemption on your
	Name	Relationship
July 1, 2017 to Juracademic year.  2. Will you (and period?  No. STOP	ne <b>30, 2018. Dependents o</b> d your spouse if married) po <u>P!</u> (The individual(s) do not o	ther than your children and your spouse must live with you for the indicate rovide more than 50% support to the individual(s) listed above for the indicate qualify as household members on the FAFSA. Do not answer the remaining on section located on the back of this form).
☐ Yes. Exp	lain why the individual(s) lis	ted above were not claimed as dependent(s) on your 2015 tax return and how ll be providing the individual(s) more than 50% of support.
□ No		above on their 2015 federal income tax return?
⊔ Yes - Nam	ne:	Relationship:
- Nan		Relationship:

#1?    Yes - How much was received in 2015? \$   No    Will the individual(s) listed in question #1 continue to live in your household from July 1, 2017-June 30, 2018?    Yes   No - Please explain below	. Did t □ Ye □ No	
□ No - Please explain below	#1? □ Ye	es - How much was received in 2015? \$
STUDENT CERTIFICATION:  I declare that all information submitted on this form is true and complete.  Student's Signature: Date:  Parent's Signature: Date:  OFFICE USE ONLY  Action Taken  Request Additional Documentation: (Y/N)	□ Ye	es ·
Yes		
I declare that all information submitted on this form is true and complete.  Student's Signature: Date:  Parent's Signature: Date:  OFFICE USE ONLY  Action Taken  Request Additional Documentation: (Y/N)	□ Ye	es .
I declare that all information submitted on this form is true and complete.  Student's Signature: Date:  Parent's Signature: Date:  OFFICE USE ONLY  Action Taken  Request Additional Documentation: (Y/N)		
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Parent's Signature: Date:  OFFICE USE ONLY  Action Taken  Request Additional Documentation: (Y/N)		I declare that all information submitted on this form is true and complete.
OFFICE USE ONLY  Action Taken  Request Additional Documentation: (Y/N)	9	Student's Signature: Date:
Action Taken  Request Additional Documentation: (Y/N)	ſ	Parent's Signature: Date:
Request Additional Documentation: (Y/N)		OFFICE USE ONLY
	Actio	<u>n Taken</u>
FA STAFF: Date:	Requ	est Additional Documentation: (Y/N)
TANGER TO THE PARTY OF THE PART	۲۵ ۲٦	'AFF' Date'