



**Clarification Form:
- PARENT STATEMENT OF INCOME -**

2007-2008

Student's Name _____

SS# _____ - _____ - _____

Address _____

N# _____

City _____ State _____ Zip _____

Date of Birth ____/____/____

Email Address _____

Phone# (____) _____ - _____

- Your Student Aid Report has been selected for verification. Federal regulations require that we check the accuracy of the information you provided on your 2007-2008 FAFSA.
- Based on the information provided thus far, we need additional clarification in order to successfully verify your student aid application.
- Your financial aid award continues to be estimated and subject to change until verification is complete. No offer of financial aid is authorized for disbursement until verification is complete.
- If a question does not apply to you or your parents **do not leave it blank**. Instead mark the answer zero or N/A for not applicable.
- Return this completed document to:
**UNF Enrollment Services Processing,
4567 St. Johns Bluff Rd, S. Jacksonville, FL 32224
or fax to (904) 620.2414**

Section I: Parent Statement of Income

Your financial aid verification has thus far indicated that your parent(s) had an unusually low income in 2006 tax year. Please have your parent(s) complete the following questions and submit along with any supporting documentation (i.e. W2's, 1099 forms, etc.).

- 2006 EXPENSES:** Indicate your monthly expenses for the 2006 year below and how they were covered. Types of expenses are listed in the first column. Enter your estimate of *monthly* amounts in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. *If you pay the cost, enter "Self" in the third column.*

Expense	Monthly Expense	Who Pays/Provides It
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	
Total	\$	

- 2006 INCOME:** Describe your average *monthly* income for the year 2006 and identify the source(s) by name. (Examples: self-employed, Burger King, Dr. Smith).

Type of Income	Monthly Income	Source
W2 Wages/Self-Employment	\$	
Interest/Dividends	\$	
Untaxed Income*	\$	
Cash Support	\$	
Other	\$	
Total	\$	

* Untaxed income includes child support received, social security benefits, disability, etc.

****If the total of a) is less than the total of b), you must complete Section II on the following page****

I hereby certify that all information above is true & complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, your eligibility for aid will be jeopardized.

Parent Signature

date signed

