

# 2017-2018 Verification Document: Parent Statement of Income

## Instructions

- Your Student Aid Report has been selected for verification. Federal regulation requires that we check the accuracy of the information you provided on your 2017-2018 FAFSA.
- Based on the information you have provided thus far, we need clarification in order to successfully verify your student aid application.
- Your financial aid award continues to be an **estimate** and is subject to change throughout the verification process. No offer of financial aid is authorized for disbursement until verification is complete.
- If a question does not apply to you or your parent, **do not leave it blank**. Mark the answer zero or N/A for not applicable. Do not skip any questions. **If you skip a question or section, your entire packet may be marked as incomplete, delaying processing until a complete packet is received and reviewed.**
- Submit this completed form to: **Fax (904) 620-2414**. Or, drop off at One-Stop Student Services, Hicks Hall, building 53, suite 1700. Or, mail to: **UNF, Attention: Student Financial Aid, 1 UNF Drive, Jacksonville, FL 32224**.

## Section I: Student Information

Student Name \_\_\_\_\_

UNF ID# N \_\_\_\_\_

## Section II: Parent Household Expenses and Resources

Your financial aid verification has thus far indicated that your parent(s) may have had a low income in the 2015 tax year. Please have your parent(s) answer the following questions and submit this form along with any supporting documentation (i.e. W2s, 1099 forms, etc.).

- 2015 Expenses:** Indicate your monthly expenses for the 2015 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 and/or your monthly portion of the cost.

Type of Expense	Monthly Expense	Who Pays For / Provides On Your Behalf?
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Phone	\$	
Medical	\$	
Personal	\$	
<b>Total</b>	\$	

- 2015 Income:** Describe your average **monthly** income for the year 2015 and identify the source(s) by name and relationship. (Examples: Self-Employed; Burger King; Dr. Smith—friend; Joseph Jones—brother; Investments, etc.).

Type of Income	Monthly Income	Source
W2 Wages/Self-Employment	\$	
Interest/Dividends	\$	
Untaxed Income (Includes child support received, Social Security benefits, disability, etc.)	\$	
Cash Support	\$	
Other	\$	
<b>Total</b>	\$	

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## Section III: Description of Circumstances

Please describe the circumstances regarding your source(s) of income for 2015 in the space provided below. This should specifically explain how you met your 2015 expenses with the limited 2015 income reported on the FAFSA, tax documents and UNF Verification Worksheet.

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## Section IV: Required Signatures

Please review all sections for accuracy and carefully read the statement below before signing.

By signing below, you and your parent(s) certify that all the information reported on this form and any attached documents is accurate and true. You acknowledge that is your responsibility to monitor your financial aid for any updates or additional requests for documentation or clarification and respond in a timely manner. Warning: if you purposefully give false or misleading information, you may be fined, be sentenced to jail or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed

Received by: \_\_\_\_\_

Date: \_\_\_\_\_