

## 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 2018-2019 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/spouse), **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: 2016 Additional Financial Information

Your 2018-2019 FAFSA and 2018-2019 UNF Verification Document have conflicting information. Please answer the following questions to provide clarification as they pertain to the **Student and Parent, if Dependent Verification**, or to **Student and Spouse (if applicable), if Independent Verification**. Do not leave any blanks. If the answer is zero, enter 0. If the answer is not applicable, enter N/A.

2016 Additional Financial Information	Student Yearly Amounts	Parent/Spouse Yearly Amounts
1. You and/or your parent(s) (or spouse, if applicable) had taxable earnings from need-based employment programs, such as Federal Work Study and/or need-based employment portions of fellowships and assistantships. Please name the college(s) from which this income was earned: _____ _____	\$	\$
2. You and/or your parent(s) (or spouse, if applicable) had grant and scholarship aid reported to the IRS in the adjusted gross income. This may include Ameri-Corps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. Please name the college(s) from which this income was earned: _____ _____	\$	\$
3. Combat pay or special combat pay. Only enter the amount that was taxable and included in your or your parent(s)' (or spouse's, if applicable) adjusted gross income. Do <b>NOT</b> enter untaxed combat pay reported on the W2 (Box 12, code Q).  <b>Were you or your parent(s) (or spouse, if applicable) an enlisted member of the armed services in 2016?</b>  <b>YES:</b> enter the yearly amounts and attach copies of the LES (Leave and Earnings Statement) from December 2016.  <b>NO:</b> enter zero or N/A	\$	\$

*Continued on next page*



## 2018-2019 Clarification Worksheet

### Section III: 2016 Untaxed Income

Report how much you received **YEARLY** for each category below. Do not leave any blanks. If the answer is zero, enter 0. If the answer is not applicable, enter N/A.

2016 Untaxed Income	Student Yearly Amounts	Parent/Spouse Yearly Amounts
1. Child support <b>received</b> for all children per year. Do not include foster care or adoption payments.	\$	\$
2. Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits and basic allowance for subsistence for students, spouses or parents who are in the military; excluding basic allowance for housing for students, spouses or parents who are in the military).	\$	\$
3. Untaxed workers compensation or other tax-free insurance benefits received.	\$	\$
4. Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
5. Money received, or paid on your behalf not reported elsewhere on this form. Also includes distributions to you (the student) from a 529 plan that is owned by someone other than you or your parents (such as grandparents, aunts, and uncles). Do not include money received from a parent/guardian who is listed on your FAFSA or money received as part of a legal child support agreement.	\$	N/A

### Section IV: Receipt of SNAP Benefits

**IF** you indicated on your 2018-2019 FAFSA that you (or your parent(s)/spouse) received SNAP (formerly Food Stamps) benefits in 2016 or 2017. **You must attach to this form one of the following:**

- **Unexpired SNAP Benefit Card:** If you (or your parent/spouse) received SNAP benefits in 2016 or 2017 and are still actively receiving SNAP benefits, a copy (front and back) of the current benefit card.
- **A letter or statement from DCF substantiating 2016 or 2017 SNAP Benefits:** If you (or your parent/spouse) received SNAP benefits in 2016 or 2017, but as of today are no longer receiving SNAP benefits.

### Section V: Required Signatures

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

By signing below, you (and your parent, if a dependent student or spouse, if applicable) certify that all the information reported on this form and any attached documents is accurate and true. You acknowledge that it 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 or Spouse Signature (if applicable)

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

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

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