

2019-2020 Clarification Worksheet

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 2019-2020 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 via: myWings (Student Portal): Student Records > Student Self-Service > Upload Student Documents | **Fax:** (904) 620-2414 | **Drop off:** One-Stop Student Services, Hicks Hall, Building 53, Suite 1700 | **Mail:** UNF, Attention: Student Financial Aid, 1 UNF Drive, Jacksonville, FL 32224.

Section I: Student Information

Student Name _____

UNF ID# N _____

Section II: 2017 Additional Financial Information

Your 2019-2020 FAFSA and 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.

2017 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 needbased 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 NOT enter untaxed combat pay reported on the W2 (Box 12, code Q). Were you or your parent(s) (or spouse, if applicable) an enlisted member of the armed services in 2017? YES: enter the yearly amounts and attach copies of the LES (Leave and Earnings Statement) from December 2017. NO: enter zero or N/A	\$	\$

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Section III: 2017 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.

2017 Untaxed Income	Student Yearly Amounts	Parent/Spouse Yearly Amounts
1. Child support received 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 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: _____

(904) 620-5555 (p) (904) 620.2414 (f)

1/21/19

Date: _____