

## 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: Clarification of Household Size

Mark your student type and provide information as instructed.

**Dependent Student**

List the people in your household in 2018-2019. **Include yourself and your parent(s)**. Include your parents' other children (even if they do not live with your parents) if your parent(s) will provide more than half of their support between July 1, 2018 and June 30, 2019. Include other people only if they live with your parent(s) and will receive more than half of their support from your parent(s), July 1, 2018 through June 30, 2019.

**Independent Student**

List the people in your household in 2018-2019. **Include yourself and your spouse (if applicable)**. Include your children (even if they do not live with you) if you and your spouse will provide more than half of their support between July 1, 2018 and June 30, 2019. Include other people only if they live with you and will receive more than half of their support from you and your spouse (if applicable), July 1, 2018 through June 30, 2019.

Including you, how many people are in your household?

## Section III: Clarification of Household Size and Number in College

List the full name, age, date of birth and relationship to student for all people included in the count above. For any household member who will be enrolled at least half-time in a degree, diploma or certificate program at an eligible postsecondary educational institution between July 1, 2018 and June 30, 2019, list the name, city, and state of the college, as well as the type of degree being sought. **Do not include** siblings who are in U.S. military academies. For those not attending college, mark N/A for not applicable. Attach a separate sheet if necessary.

Full Name	Age	Date of Birth	Relationship to student	College Name, City, State If attending college 6+ hours	Type of degree
		mm / dd / yyyy	Self	UNF Jacksonville, FL	
		mm / dd / yyyy			
		mm / dd / yyyy			
		mm / dd / yyyy			
		mm / dd / yyyy			

## Section IV: Required Signatures

By signing below, you or your parent(s) (if 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 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 (dependent students only)

\_\_\_\_\_  
Date signed

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

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