

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, **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 document 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: Student Household Expenses and Resources

Your financial aid verification has thus far indicated that you may have had a low income in the 2016 tax year. Please answer the following questions and submit this document along with any supporting documentation (i.e. W2s, 1099 forms, etc.).

1. **2016 Expenses:** Indicate your (and your spouse's, if applicable) monthly expenses for the 2016 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	\$	
Total	\$	

2. **2016 Income:** Describe your (and your spouse's, if applicable) average **monthly** income for the year 2016 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	\$	
Total	\$	

