

## **OFFICE OF FINANCIAL AID**

120 East 149<sup>th</sup> Street, Savoy Building RM B-115 Bronx, NY 10451 Tel: (718) 518-6555, Fax: (718) 518-4430

## CLARIFICATION OF SUPPORT FORM INDEPENDENT STUDENT 2016-2017

Last Name:	First Name:
Last Four Digits of SSN:	EMPL ID:
	n your Free Application for Federal Student Aid (FAFSA) differs from the exemption(sncome tax return(s). Please complete the questions below to help resolve this discrepancy
1. Household size reported	d on FAFSA:
2. Total exemption(s) on y	our and your spouse's 2015 federal income tax return:
List the individual(s) in your and return(s):	your spouse (if married) household who was not claimed as an exemption on the tax
Name 	Relationship
from July 1, 2016 to June 30,	ne for whom the head of the household will provide more than 50% of financial suppor 2017. Will you and your spouse (if married) provide more than 50% support to the e indicated period. ( <i>Dependents other than Children and spouse must live with you fo</i>
	does not qualify as household member on the FAFSA. Do not answer the remaining ication section located on the back of this form)
	ual(s) listed above was not claimed as dependent(s) on the 2015 tax return and how you I be providing this individual(s) more than 50% of support.
<ul><li>3. Did anyone claim the in</li><li>☐ No</li></ul>	dividual(s) listed above on their 2015 federal income tax return?
☐ Yes - Name:	
Name:	Relationshin:

<ul><li>4. Did the individual(s) listed pred ☐ Yes</li><li>☐ No</li></ul>	viously, file his/her own 2015 federal income tax return(s)?	
5. Was child support (Court Ordered) or any financial assistance received on behalf of the individual(s) previously?		
<ul><li>☐ Yes - How much was received in 2015? \$</li><li>☐ No</li></ul>		
<ul> <li>6. Will the individual(s) listed pre July 1, 2016-June 30, 2017?</li> <li>☐ Yes</li> <li>☐ No - (if no, please explain belo</li> </ul>	eviously, continue to live in your and your spouse's (if married) household fror	m
7. Will you be claiming the individual of the i	dual(s) listed previously on your 2016 tax return(s)?	
	STUDENT CERTIFICATION:	
I declare that a	Il information submitted on this form is true and complete.	
Student's Signature:	Date:	
Spouse's Signature:	Date:	
	Office Use Only	
Action Taken		
Request Additional Documentation:	(Y/N)	
FA STAFF:	_ Date:	