

## **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

## 2018-2019 CLARIFICATION OF SUPPORT FORM

(DEPENDENT STUDENT)

Last Name:		First Name:
Last Four Digits of SSN:		EMPL ID:
	reported on your Free Applicati al income tax return.	ion for Federal Student Aid (FAFSA) differs from the exemption(s) reported
Household size repo	orted on FAFSA:	
Total exemption(s)	on your and/or your parent(s) 2	2016 federal income tax return:
	PLEASE COMPLETE THE QUES	TIONS BELOW TO HELP RESOLVE THIS DISCREPANCY
1. List the individu	al(s) in your and your parent(s)	household who were not claimed as an exemption on the tax return:
<u>Lett</u>	<u>Name</u>	Relationship to your parent(s)
A:		
B:		
C: D:		
50%	of financial support from July 1	for whom the head of the household will provide more than 1, 2018 to June 30, 2019. Dependents other than your parent's 's spouse must live with them for the indicated academic year.
2. Will your parent	t(s) provide more than 50% sup	port to the individual(s) listed above for the indicated period?
		fy as household member on the FAFSA. Do not answer the remaining ion located on the back of this form)
	•	ove were not claimed as dependent(s) on the 2016 tax return and how ual(s) more than 50% of support.

3. Did	anyone claim the individual(s) listed previously in que	estion #1 on their 2016 federal income tax return?
	Yes □ No	
Let Nai	ter(s) from questions #1: me of Tax Filer:	Relationship to Parent:
Let Nai	ter(s) from questions #1: me of Tax Filer:	Relationship to Parent:
4. Did	the individual(s) listed previously in question #1 file hi	s/her own 2016 federal income tax return(s)?
	Yes □ No	
Let	ter: Letter: Letter: Lette	er
5. Was #1?		received on behalf of the individual(s) listed in question
	Yes - How much was the total amount received in 20 No	16? \$
6. Will	the individual(s) listed in question #1 continue to live	in your parent's household from July 1, 2018 – June 30, 2019?
	Yes No – Please explain below	
7. Will	you be claiming the individual(s) listed previously on	your 2017 tax return?
	Yes No - Please explain below	
	STUDENT C	ERTIFICATION:
	I declare that all information submi	tted on this form is true and complete.
	Student's Signature:	Date:
	Parent's Signature:	Date: