

## **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 Status Form**

| Selected For   | Clarification  | Fill Out Section  |
|--|--|---|
|  | Bachelor's Degree                                    | A, B, & F   |
|  | Selective Service                                    | A, C, E, & F  |
|  | Marital Status                                       | A, D, E, & F  |
|  | Statement A, E, & F                                  |   |
|  | Signature  | A & F   |
| A. Student Information   |  |   |
| Last Name:   | First Name:  |   |
| Last Four Digits of SSN:   |  |   |
| East Four Digits of Solv.  |  |   |
| B. Bachelor's Degree Clarification   |  |   |
|  | s are only available to aid students pursuing        | she indicated or not on the FAFSA. According their first Bachelor's Degree. State Aid, Direct additional degrees. |
| You have indicated or not that you have a Bac                                      | chelor's degree. For verification purposes,          | please check the appropriate response.  |
| •  |  | 11 1 1  |
| • Yes, I do have a Bachelor'   |  |   |
| No, I do not have a Bachel   | ior's Degree.  |   |
|  |  |   |
| C. Selective Service Registration  |  |   |
| Federal regulation requires that with limits                                       | ed excentions all male citizens and make             | e immigrants residing in the U.S. born after  |
| · · · · · · · · · · · · · · · · · · ·  |  | ve Service System (SSS). This requirement   |
|  |  | 9 Free Application for Federal Student Aid  |
|  |  | ed with SSS. As a result, you must provide  |
|  | <u>.</u>   | atements below, select the category that best   |
| describes your situation and take the appro  | priate action immediately:                           |   |
| I certify that I am not required to be register                                    | ed with Selective Service because:                   |   |
| I am a female. Attach Birth Certificate  | •  |   |
| I was born before January 1, 1960. Atta  |  |   |
|  | egister 30 days before your 18 <sup>th</sup> birthda |   |
| I am a citizen of the Republic of Palau, Micronesia.                               | the Republic of the Marshall Islands, or the         | ne Federated States of  |
|  |  |   |
| I am a non-citizen who first entered the   | U.S. after I turned 26. Present your origin.         | al immigration documentation in   |
| I am a non-citizen who first entered the<br>person. Photocopies are not acceptable | U.S. after I turned 26. Present your origin          | al immigration documentation in   |
| person. Photocopies are not acceptable I am a non-citizen who entered the U.S      | e.<br>. as lawful nonimmigrant status, prior to tl   | he age of 26 and remain in the  |
| person. Photocopies are not acceptable I am a non-citizen who entered the U.S      | e.<br>. as lawful nonimmigrant status, prior to tl   | •   |

- (NOTE: Does not apply to members of the Reserves and National Guard who are not on active duty.)
- Students who served in the armed forces, excluding the reserves, delayed entry pool, or National Guard, can submit a copy of their DD-214 with their PID.

## **D. Marital Status Clarification**

The marital status reported on your 2020-2021 Free Application for Federal Student Aid (FAFSA) does not agree with the 2018 IRS Tax Return filing status.

| Dependent:  |  | Independent:  | Independent:                 |                         |  |
|---|--|---|------------------------------|-------------------------|--|
| What is your parent's tax filing status according to their 2018 |  | What is your tax filing status according to your 2018 IRS TAX |                              |                         |  |
| IRS TAX Return?   |  | Return?   |                              |                         |  |
| Parent 1  | Parent 2   | <u>Student</u>  | <u>Spouse</u>                |                         |  |
| ☐ Single  | □ Single   | ☐ Single  | □ Single                     |                         |  |
| ☐ Head of household   | ☐ Head of household  | ☐ Head of household   | ☐ Head of household          |                         |  |
| ☐ Married-filed joint   | ☐ Married-filed joint return   | ☐ Married-filed joint   | ☐ Married-filed joint return |                         |  |
| ☐ Married-filed separate  | ☐ Married-filed separate   | ☐ Married-filed separate                                      |                              |                         |  |
| ☐ Qualifying widow(er)  | ☐ Qualifying widow(er)   | ☐ Qualifying widow(er)  | ☐ Qualifying widow(er)       |                         |  |
| What was your parents' marital status as of the date you filed  |  | What was your marital status as of the date you filed your    |                              |                         |  |
| your FAFSA?   |  | FAFSA?  |                              |                         |  |
| ☐ Single  |  | ☐ Single  |                              |                         |  |
| ☐ Separated   | Month: Year:   | ☐ Separated   | Month:                       | Year:                   |  |
| $\square$ Married or remarried                                  | Month: Year:   | ☐ Married or remarried  | Month:                       | Year:                   |  |
| ☐ Divorced  | Month: Year:   | ☐ Divorced  |                              | Year:                   |  |
| ☐ Widowed   | Month: Year:   | ☐ Widowed   | Month:                       | Year:                   |  |
| _   | ogether - No further explanation is  |   |                              |                         |  |
| required with this selection                                    | on   |   |                              |                         |  |
| E. Statement  |  |   |                              |                         |  |
|   |  |   |                              |                         |  |
|   |  |   |                              |                         |  |
|   |  |   |                              |                         |  |
|   |  |   |                              |                         |  |
|   |  |   |                              |                         |  |
|   |  |   |                              |                         |  |
|   |  |   |                              |                         |  |
| F. Signature  |  |   |                              |                         |  |
| If you are the student, by s                                    | signing this form you certify that you:  |   |                              |                         |  |
| (1) Will use federal and/o                                      | or state student financial aid only to pay th  | e cost of attending an institution                            | on of higher e               | ducation,               |  |
| (2) Are not in default on                                       | a federal student loan or have made satisfa  | actory arrangements to repay i                                | t,                           |                         |  |
| (3) Do not owe money ba   | ack on a federal student grant or have mad   | e satisfactory arrangements to                                | repay it,                    |                         |  |
| (4) Will notify your colle                                      | ge if you default on a federal student loan  | , and   |                              |                         |  |
| (5) Will not receive a Fed                                      | deral Pell Grant from more than one colle  | ge for the same period of time.                               |                              |                         |  |
|   |  |   |                              |                         |  |
| If you are the parent or the                                    | e student, by signing this form you certify  | that all of the information you                               | provided is t                | rue and complete to the |  |
|   | nd you agree, if asked, to provide inform  |   |                              |                         |  |
| •   | J.S. or state income tax forms that you file   | -   |                              | •                       |  |
|   | on has the authority to verify informatio<br>I agencies. If you sign any document relate |   |                              |                         |  |
|   | you certify that you are the person identi-  |   |                              |                         |  |
|   | e false or misleading information, you may   |   |                              |                         |  |
| Ctudout Cian stress   |  |   | Data                         |                         |  |
| Student Signature:  |  |   | Date:                        |                         |  |

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

Parent Signature: