

required with this selection

OFFICE OF FINANCIAL AID

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

Clarification Status Form

Selected For		Clarification		Fill	Fill Out Section	
		Bachelor's	Degree		A, B, & E	
				A, C, D, & E		
		Statem	ent		A, D, & E	
		Signati	ure		A & E	
A C4-14 IC4						
A. Student Information						
Last Name:			First Name:			
Last Four Digits of SSN:			EMPL ID:			
B. Bachelor's Degree Cla	arification					
	ELL and other grant	ts are only available to aid	l students pursuing their	first Bacheloi	ot on the FAFSA. According as's Degree. State Aid, Direct	
You have indicated or not	that you have a Ba	achelor's degree. For veri	fication purposes, please	check the ap	propriate response.	
	o have a Bachelor o not have a Bacho					
C. Marital Status Clarifi	cation					
The marital status repor 2020 IRS Tax Return filin		-2023 Free Application f	for Federal Student Aid	(FAFSA) do	es not agree with the	
<u>Dependent:</u> What is your parent's tax filing status according to their 2020 IRS TAX Return?			Independent: What is your tax filing status according to your 2020 IRS TAX Return?			
Parent 1	Parent 2		<u>Student</u>	<u>Spouse</u>		
☐ Single	☐ Single		☐ Single	☐ Single	2	
☐ Head of household	=	hold	=	_	☐ Head of household	
☐ Married-filed joint	☐ Married-filed jo		☐ Married-filed joint		☐ Married-filed joint return	
☐ Married-filed separate	=				☐ Married-filed separate	
☐ Qualifying widow(er)	☐ Qualifying wid	· ·	☐ Qualifying widow(e		fying widow(er)	
What was your parents' marital status as of the date you filed your FAFSA? ☐ Single			What was your marital status as of the date you filed your FAFSA? ☐ Single			
☐ Separated	Month: Yo	ear:	☐ Separated	Month:	Year:	
☐ Married or remarried	Month:Y		□ Married or remarrie		 Year:	
☐ Divorced	Month:Y		☐ Divorced		Year:	
□ Widowed	Month:Y		☐ Widowed		 Year:	
☐ Unmarried but Living T						

D. Statement				
E. Signature				
If you are the student, by signing this form you certify that you:				
(1) Will use federal and/or state student financial aid only to pay the cost of attendir				
(2) Are not in default on a federal student loan or have made satisfactory arrangement	• •			
(3) Do not owe money back on a federal student grant or have made satisfactory arr	rangements to repay it,			
(4) Will notify your college if you default on a federal student loan, and				
(5) Will not receive a Federal Pell Grant from more than one college for the same p	eriod.			
Figure 1.2. If you are the parent or the student, by signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. In addition, you certify that you understand that the Secretary of Education has the authority to verify information reported on the FAFSA application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using a Federal Student Aid ID (FSA ID), you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both. I authorize the Office of Financial Aid to make correction(s) on my FAFSA application based on the information provided (if necessary).				
Student Signature:	Date:			
Parent Signature:	Date:			