Office of Financial Aid

2015-2016 CLARIFICATION OF SUPPORT FORM
DEPENDENT STUDENT

Student Name: ___________________________ SS#: ______________________ CUNYfirst ID#________________

The household size reported on your FAFSA is different from the total exemptions reported on your and your parents’ 2014 federal income tax returns. Please complete the questions below to help resolve this discrepancy.

1. Household size reported on FAFSA: _______

2. Total exemptions on your and your parents’ 2014 federal income tax return(s): _______

3. List the individuals in your parents’ household who were not claimed as an exemption on the tax return(s):

   __________________________________________________
   __________________________________________________

4. Will your parents provide more than 50% support to these individuals from July 1, 2015-June 30, 2016?
   □ No STOP! (These individuals do not qualify as household members on the FAFSA. Do not answer the remaining questions. Please sign the certification section below.)
   □ Yes

5. If your parent(s) will be providing more than 50% support, explain why these individuals were not claimed by them as an income tax exemption and how your parents provide more than 50% support to these individuals (for example: providing room and board, etc.).

   __________________________________________________
   __________________________________________________

6. Did anyone other than your parents claim these individual(s) on their 2014 federal income tax return or did the individual(s) file their own 2014 federal income tax return(s)?
   □ No
   □ Yes - Name____________________________
   Relationship___________________________

7. Was child support received for the individual(s) not claimed as income tax exemption(s)?
   □ No
   □ Yes- How much was received in 2014? $____________________

8. Will these individuals continue to live in your parent(s’) household from July 1, 2015-June 30, 2016?
   □ No
   □ Yes

STUDENT CERTIFICATION: I declare that all information submitted on this form is true and complete.

Parent’s Signature: ___________________________ Date: ______________________
Student’s Signature: ___________________________ Date: ______________________

Office Use Only

FA Representative________________________ Date_________ FA Counselor________________________ Date______
Action Taken: _______OK to Update Checklist _______Sent for ISIR Corrections _______Request Additional Documentation