Student Name: ________________________________  EMPL ID: ______________________________

The household size reported on your FAFSA is different from the total number of exemptions reported on your parent(s)’ 2015 federal income tax return(s). Please complete the questions below to help resolve this discrepancy.

1. Household size reported on FAFSA: ______

2. Total exemptions on your 2015 federal income tax return(s): ______

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

   ____________________________________________  ____________________________________________

   ____________________________________________  ____________________________________________

4. Will your parent(s) provide more than 50% support to these individuals from July 1, 2016 – June 30, 2017?
   □ 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 to these individuals, explain why they were not claimed as an income tax exemption and how your parent(s) provide more than 50% support to these individuals (example: providing room and board, etc.).

   ____________________________________________

   ____________________________________________

6. Did anyone other than your parent(s) claim these individual(s) on their 2015 federal income tax return or did the individual(s) file their own 2015 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 2015? $ __________________

8. Will these individuals continue to live in your parent(s)’ household from July 1, 2016 – June 30, 2017?
   □ No
   □ Yes

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

Student’s Signature: ___________________________________________________________   Date: _________________

Parent’s Signature: ___________________________________________________________   Date: _________________

Office Use Only

FA Advisor_______________________________________________________   Date__________________________

Action Taken:   □ OK to Clear Checklist   □ Sent for ISIR Corrections Needed   □ Request Additional Documentation