

227 West 27<sup>th</sup> Street New York, NY 10001-5992 Room A212A Financial Aid Services Tel. (212) 217-3560 Fax. (212) 217-3561 <u>fitnyc.edu/fadocsupload</u>

## 2025-2026 CLARIFICATION FORM – A

| Student's Name:<br>FIT ID# @         |                  | Parent's Name:      |              |                               |  |
|--------------------------------------|------------------|---------------------|--------------|-------------------------------|--|
|                                      |                  | Parent's Email:     |              |                               |  |
|                                      | Parent's Phone:_ |                     |              |                               |  |
|                                      |                  |                     |              |                               |  |
| Section A - Cash/Checking/Savings    | s: asset         | values as of your   | r original F | AFSA filing date.             |  |
|                                      |                  | Parent              |              | Student (Spouse)              |  |
| Cash, checking, savings \$           |                  |                     | \$           |                               |  |
|                                      |                  |                     |              |                               |  |
|                                      |                  |                     |              | 1                             |  |
| Section B - Investments: asset value | es as <u>ot</u>  | your original FA    | FSA filing   | <u>g date.</u>                |  |
|                                      |                  | Parent              |              | Student (Spouse)              |  |
| Stocks and Bonds                     | \$               |                     | \$           |                               |  |
| Other assets (describe below)        | \$               |                     | \$           |                               |  |
| NOTE: Do not include the valu        | e of vo          | ur pansions/ratire  | ment fund    | s and life insurance policies |  |
| NOTE. Do not menude the valu         |                  | ful pensions/retire |              | s and me insurance poneles.   |  |
|                                      |                  |                     |              |                               |  |
|                                      |                  |                     |              |                               |  |
|                                      |                  |                     |              |                               |  |
|                                      |                  |                     |              |                               |  |
|                                      |                  |                     |              |                               |  |
|                                      |                  |                     |              |                               |  |
|                                      |                  |                     |              |                               |  |

(Use the reverse side for additional comments/explanations)

By signing this form, I certify that all of the above information is true and complete to the best of my knowledge.

| Parent's Signature                   |
|--------------------------------------|
| (Typed signatures are not accepted.) |

**Student's Signature** (Typed signatures are not accepted.)

Date

Documents should be uploaded to the **"Financial Aid Document Upload"** link on the FIT portal **Myfit.fitnyc.edu**. For directions on how to upload documents to this link, go to <u>fitnyc.edu/fadocsupload</u>.