

Parent Verification for Non-Tax Filer Status for 2017-2018

Parental Information (Select one)

1. I am the parent of a returning student, who due to extenuating circumstances, would like to be reconsidered for Need Based Aid and is reapplying for financial aid ____
 - a. Did you file federal tax returns for 2016? (Circle Yes or No)
 - i. If Yes, attach signed copies with this form and return them to the Office of Financial Aid
 - ii. If No, complete Box A for Non-Filers
2. I am the parent of an an incoming student applying for financial aid ____
 - a. Did you file federal tax returns for 2015? (Circle Yes or No)
 - i. If Yes, attach signed copies with this form and return them to the Office of Financial Aid
 - ii. If No, complete Box A for Non-Filers

Box A for Non-Filers (Select: 2015 or 2016)

1. I (we, if married) affirm that I (we) have not filed an United States Federal Income Tax Return and am not required to file an United States Federal Income Tax Return.
2. List the income and benefits received during the calendar year. **Attach any supporting documentation to this form.** Do not include any financial aid. Include untaxed and taxed wages, child support, welfare benefits, worker's compensation, disability compensation, veteran's non-educational benefits, housing, food and other living allowances for military, clergy, etc.

Social Security benefits	Amount: \$ _____
Child Support	Amount: \$ _____
Other:	Amount: \$ _____
	Amount: \$ _____

Note to those who live and/or work outside the United States:

Please provide a copy of any wage documents. This includes any foreign tax returns, if applicable (with English translations). If there is no wage document or foreign tax return available, the parents' employers should provide a statement stating the annual income. This should be certified or notarized. Bank accounts from the last 3 months should also be provided.

3. If the total income above (taxed and untaxed) is less than what is typically thought to be necessary to meet basic household expenses, explain the circumstances that enabled you (and spouse/children) to meet living expenses during the calendar year. You may note financial aid in this area.
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I (we) certify that all of the above information is true, complete and accurate to the best of my (our) knowledge. I (we) further understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Mother's Signature Date

Mother's Printed Name

Father's Signature Date

Father's Printed Name

Student's Name--PRINTED

PeopleSoft # or last 4 digits of SSN