



2022-2023 VERIFICATION OF NON-FILER STATUS / HOUSEHOLD RESOURCES

Student Name: _____

Student ID: _____

The Office of Financial Aid & Student Employment is requesting that you complete this form because either:

- a) You/your parent(s) indicated no 2020 taxes will be filed with the IRS **OR**
- b) Additional information is needed to verify that the amount and sources of 2020 income reported on your FAFSA are accurate and correct.

STEP I: Please indicate whether you filed a 2020 Federal Tax Return Form. Dependent students must also indicate parent(s) filing status. A W-2 form must be provided for any 2020 income earned from working.

	Yes	No
I filed or will file a 2020 IRS Federal Tax Return Form.	_____	_____
My parent(s) filed or will file a 2020 IRS Federal Tax Return Form.	_____	_____

STEP II: Enter the sources of untaxed income and benefits that you and your spouse/parents received in 2020. Enter "0" or "N/A" when appropriate. Do not leave any item blank.

A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k), 403(b) plans), including, but not limited to, amounts reported on W-2 forms in boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2020

B. Child support received

DO NOT include foster care payments, adoption payments, or any amount that was court-ordered, but not actually paid.

Name of Adult Who Received the Support	Name of Child for Whom Support was Received	Amount of Child Support Received in 2020

C. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received. DO NOT include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2020

D. Veterans non-education benefits

Include Disability, Death Pension, Dependency & Indemnity Compensation and/or VA Educational Work Study allowances.

Name of Recipient	Type of Non-education Benefit	Amount of Benefit Received in 2020

E. Other untaxed income

Include Worker's Compensation, Disability, first-time homebuyer credit. DO NOT include welfare or Social Security. *If you have any earned income, please also provide W-2s.*

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2020

F. Money received or paid on the student's behalf

Include payment of student's bills, cash, gift cards, and funds not reported elsewhere on this form.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2020	Source

If the student/spouse/parent indicated they will not file 2020 taxes, they hereby certify that no income tax return has been filed, nor is required to be filed for the 2020 calendar year, and that all 2020 income and benefits are reported in this statement.

Student Signature

Spouse/Parent 1 Signature (if applicable)

Parent 2 Signature (if applicable)

Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.