

2017-2018 Parent Non-Filer Form

Your child's 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Before awarding financial aid, we are required to confirm the accuracy of the information you reported on their FAFSA. **Please be advised that verification documents will not be reviewed until all requested items are received.**

A. Student's Information

Student's Last Name First Name M.I Student ID

B. Parent Verification of Non-Filing

Please submit the following documentation if you and/or your spouse, if married were not required to file a 2015 Federal Income Tax Return:

- This 2017-2018 Parent Non-Filer Form
- Copies of form W-2 for each source of employment income received for the 2015 tax year

C. Parent Section

- The parent(s) listed on the FAFSA will not file and are not required to file a 2015 income tax return with the IRS.
IMPORTANT NOTE: Copies of all W-2's are required, if applicable. If W-2's are unavailable, please list employers below.

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
Suzy's Body Shop (example)	\$2,000	Yes

D. Additional Information (if applicable)

- Other income such as child support, social security, pensions, dividends, etc.

Type of Income	2015 Amount Earned
Social Security (example)	\$2,000

E. Expenses in the Parent's Name

- List the total **yearly** amount of the listed expense in the “**Parent(s) total yearly expense amount**” column for bills that are in **your parent's name (and if married, their spouse's name)**.
- If the expense amount is zero, please indicate who paid the expense in the “**Source**” column.
- If a portion of the expense was paid by your parent(s) and the other portion was paid by someone else, put the amount that was paid by your parent(s) in the center column and put the amount paid by the contributing source in the right column.
- **DO NOT LEAVE ANY BLANKS. If there is no amount to list, mark the item with N/A or \$0.**

Expense type	2015 Parent(s) total yearly expense amount	Source and amount contributed
Housing (Rent or Mortgage payment)	\$	<input type="checkbox"/> Lived in subsidized housing <input type="checkbox"/> Other _____
Utilities (Includes electricity, internet, cell phone, gas, water, and oil)	\$	<input type="checkbox"/> Included in rent <input type="checkbox"/> Paid by friend or relative _____ <input type="checkbox"/> Other _____
Transportation (Car payments, insurance, gas, etc.)	\$	<input type="checkbox"/> Owned/leased vehicle <input type="checkbox"/> Used friend or relative's vehicle <input type="checkbox"/> Other _____
Food	\$	<input type="checkbox"/> Assisted by SNAP (food stamps) <input type="checkbox"/> Other _____ <input type="checkbox"/> Provided by friend or relative _____
Medical Expenses	\$	<input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____
Child Care	\$	<input type="checkbox"/> Friend or relative keeps child(ren) free of charge <input type="checkbox"/> Other _____ <input type="checkbox"/> Not applicable

F. Certification and Signature

Each person signing this form certifies that all the information reported on the form is complete and correct.

These sections have been completed:

- Section B, C & D (if applicable) – Parent and/or spouse wage information and W2's attached
- Section E – All applicable expenses have recorded, and there are no blanks.
- Section F– Parent signature provided. **Signatures must be wet signature, not computer generated.**

Parent Signature

Date

Spouse Signature (optional)

Date