2023-2024 VERIFICATION OF NON-FILING

Your FAFSA was selected for a process called verification, and we are required to verify your non-filing status. The person who checks the box below is the one required to sign the form. Please complete and sign this form.

Student Information:

Last Name:	First Name:	MI:
Student ID No. (if known):	or Last Four Digits of Social Security No.:	

I am the (please check only **ONE** of the following):

Student, and I confirm that ALL of the following are true:

- I have attempted to obtain the appropriate Verification of Non-Filing letter from the IRS and am unable to do so.
- I did not file a 2021 tax return, and am not required to file a 2021 tax return.
- I did work and will attach all my 2021 W-2 wage statements to this letter. Or, I did not work in 2021, and I will confirm that I earned zero wages by writing a zero on the line: WAGES EARNED: \$

Spouse of student, and I confirm that ALL of the following are true:

- I have attempted to obtain the appropriate Verification of Non-Filing letter from the IRS and am unable to do so.
- I did not file a 2021 tax return, and am not required to file a 2020 tax return.
- I did work and will attach all my 2021 W-2 wage statements to this letter. Or, I did not work in 2021, and I will confirm that I earned zero wages by writing a zero on the line: WAGES EARNED: \$ _____

Parent of student, and I confirm that **ALL** of the following are true:

- I have attempted to obtain the appropriate Verification of Non-Filing letter from the IRS and am unable to do so.
- I did not file a 2021 tax return, and am not required to file a 2021 tax return.
- I did work and will attach all my 2021 W-2 wage statements to this letter. Or, I did not work in 2021, and I will confirm that I earned zero wages by writing a zero on the line: WAGES EARNED: \$

I certify that all the information reported on it is complete and correct. You must print your name, sign and date below.

Print Name:	

Signature:

Date: _____

WE CANNOT ACCEPT TYPED OR ELECTRONIC SIGNATURES ON THIS FORM – PLEASE SIGN AND DATE ABOVE. PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE.

CRI: FC23SVON, FC23SPVN, FC23PVON, FC23P2VN

