

STUDENT INFORMATION

Last Name First Name
Student UID# _____

2018-2019 Certification of Student Non-Filer/Low Income Worksheet

Complete this form, only if you (and your spouse) did not file and were not required to file a 2016 Federal Tax Return or submitted a Federal Tax Transcript showing unusually low income.

Note: If an Automatic 2016 Tax Extension is filed or will be filed you cannot use this form.

We have completed an initial review of your 2018-2019 Free Application for Federal Student Aid (FAFSA). Additional information is needed to verify your 2016 income. Below is a chart that we need for you to complete using 2016 information. Please list your average household monthly expenses and how they were paid in the appropriate boxes. **In addition, attach legible copies of all 2016 W-2s.**

- If you (and your spouse) were not required to file a Federal Tax Return because of Foreign Income, please submit a copy of the Foreign Income or Foreign Tax Return with currency converted to US dollars.
- International Organization Employees must provide a letter from their employer with total income earned.
- If SNAP benefits are listed as a source used to cover expenses, we may request supporting documentation.
- For independent students, \$0.00 cannot be listed on this form.

Type of Household Expense	What it costs per month	Source Used to Cover Expense
1. Housing:	\$	
2. Household Utilities (average per month): electricity, phones (landline and/or mobile), gas, water, etc.	\$	
3. Food:	\$	
4. Clothing:	\$	
5. Transportation:	\$	
6. Medical Insurance:	\$	
TOTAL:	\$	

By signing this form, I/we certify we are not required to file a Federal Tax Return for 2016 or have provided a Federal Tax Transcript that shows unusually low income.

By signing this form, I/we certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____