

Student Name _____ University ID Number _____
(please print) Last First Middle

Instructions:

- If you have filed or will file a 2017 income tax return, please import your 2017 tax information into the FAFSA with the [IRS Data Retrieval Tool](#) and **do not submit this form**.
- If you will not file and are not required to file a 2017 income tax return with the IRS or with a foreign country's government, please proceed with completing this form.

IMPORTANT: In addition to this form, you must submit the **2017 IRS Verification of Nonfiling Letter** to our office, which can be ordered for free on the IRS site, www.irs.gov/individuals/get-transcript, or ordered by submitting the IRS [Form 4506-T](#), which will need to be faxed or mailed to the IRS.

Choose one of the options below and follow the instructions provided:

Please check this box if you did work in 2017. Proceed to completing **Box 1** below. If applicable, complete **Box 2** as well.

Please check this box if you did **not** work in 2017. Proceed to completing **Box 2** below.

Box 1
Instructions: Please list each employer, income amount earned, and **attach** your 2017 W-2 Form.
If you were self-employed and did not receive a W-2 Form, please check the box for self-employment, list your business or type of work performed, and the amount of income earned in 2017.

Self-Employed? (check box for Yes)	Employer (list each one from 2017) If self-employed, enter name of business or type of work performed	Income Amount Earned	Attached 2017 W-2 Form (check box for Yes)
		\$	
		\$	
		\$	
		\$	

Box 2
Instructions: **Box 2A**, please check the box for each federal benefit received in 2017 and provide the annual amount.
Box 2B, please list all other income or support received in 2017, including disability, unemployment, workers comp, etc.
Please include annual amount received for each source.
If you did not have income or sources of support, please provide an explanation of how your living expenses were paid.

Box 2A	Annual Amount
SSI	\$ _____
SNAP	\$ _____
TANF	\$ _____
WIC	\$ _____

Box 2B
Other income or support received (disability, unemployment, worker's comp, family support)

Signature and Consent

Signature certifies that you have read the statement below. **Form must be printed, signed, and dated.** An incomplete form will delay or prevent processing. Please allow 10-15 business days for processing.

I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form I am liable for cancellation or repayment of all or part of my financial aid. In addition, I understand that completing this form does not guarantee an increase or adjustment in financial aid.

Printed Name _____

Parent Signature _____ Date _____