



2019 - 2020

NON-FILER CONFIRMATION STATEMENT

For parents or spouses who do not have SSN, ITIN or EIN numbers

Student's Name: _____
(Print) Last First M. I.

Social Security #: _____ - _____ - _____ CUNYfirst EMPLID: _____

In order to complete verification of your FAFSA information, an IRS Verification of Non-filing Letter dated October 1, 2018, or later, must be submitted for every tax non-filer whose 2017 income information was required to be reported on your FAFSA.

You have been given this form because one or both of your parents, or your spouse [if you are married], do not have a **Social Security Number**, an **Individual Taxpayer Identification Number**, or an **Employer Identification Number**. Therefore, the IRS cannot provide the required documentation regarding of non-filing status.

A separate statement should be submitted for each individual who will not be able to provide an IRS Verification of Non-filing Letter, for the reason that they do not have any of the identifiers listed above.

Verification of Non-Filing Status

I, _____ am the _____ of the above-named student.
Print name of Parent/Spouse *Print Relationship to Student*

1) I attest that I do not have a Social Security Number, Individual Taxpayer Identification Number or Employer Identification Number.

2) In 2017, I lived in the USA for _____ (# of months) or Another country for _____ (# of months)

3) In Sections C and/or D, of the Verification Worksheet, please indicate all income earned from work for the year 2017. If the income was earned in a foreign country, please convert the amount to U.S. dollars. If your earned income in 2017 was \$0, please explain how you supported yourself (and your family, if you are a parent or a student with dependents):

(Additional space on the other side.)

CERTIFICATION

I/we hereby certify that all information contained on this form is true and complete to the best of my/our knowledge. I/we have not knowingly or intentionally provided any false information. I understand that if I am found to have knowingly or intentionally given false statements or information my eligibility for federal student aid will be at risk.

Parent Signature _____ Date _____

Spouse Signature _____ Date _____

Student Signature _____ Date _____

OFFICE USE ONLY

Financial Aid Representative: _____ Date Received: _____

