



2021 - 2022

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, 2020, or later, must be submitted for every tax non-filer whose 2019 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 2019, 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 2019. If the income was earned in a foreign country, please convert the amount to U.S. dollars. If your earned income in 2019 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: _____

Upload documents through CUNYfirst - <https://www.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/cis/cunyfirst/training/students/Upload-Student-Documents.pdf>

