2020 - 2021
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, 2019, or later, must be submitted for every tax non-filer whose 2018 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 <u>each</u> 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 2018, 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 2018. If the income was earned in a foreign country, please convert the amount to U.S. dollars.** <u>If your earned income in 2018 was $0, please explain how you supported yourself (and your family, if you are a parent or a student with dependents):</u>

_____

_____
(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

Explanation, continued. (Please write clearly)

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