2024-2025 Non Filer Statement

Student Financial Aid Office



A. STUDENT INFORMAT	ION			
ast name First Name MI		ID Number	ID Number	
Address (include apt#)			Date of Birt	:h
City	State	Zip	Phone Number	
B. Non Filing Definition	S			
1) Complete	Student/ Spouse e the table below li	isting all of your	Parent	
NAME OF EMPLOYER	STUDENT	SPOUSE	FATHER	MOTHER
	\$	\$	\$	\$
	\$	\$	\$	\$
B2 , I did NOT work in 2022- I	will not and am no Student/ Spouse	ot required to file	an income tax retur Parent	n.
C. Signature				
By signing this form, you cert purposely give false or mislea	•	•	•	•
Signature			Date	
Parent Signature (if applicable)			 Date	