2019-2020 Financial Aid Verification

Dependent Student — Statement of Non-Filing

CORBAN UNIVERSITY
Dedicating Heart and Mind to God

_____ | _____ | _____
Student's Last Name | Student's First Name | Student's Last 4 Digits of SSN

Why you are asked to complete this form: You (the student) reported on the FAFSA that you will not file and <u>are not required</u> to file a federal tax return in 2017. The government requires Corban to confirm this information to complete your application for financial aid.

<u>You must provide copies of any W-2s you received for 2017 with this form</u>. DO NOT SUBMIT THIS FORM OR ANY SUPPORTING DOCUMENTS VIA EMAIL.

I certify the following :

- I will not file and <u>am not required</u> to file a Federal IRS income tax return for 2017. For most people, if you earned at least $6,350 in 2017, you are required by the IRS to file a tax return.

- My income for **2017** was from the source, and in the amounts, listed below:
  (List every employer even if the employer did not issue an IRS W-2 form.)

Employer's Name	**Amount Earned in 2017**

Total Income Earned from work: $ _____

*If you did not earn any money in 2017, please fill in the total above with a "0" and leave the chart blank.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

_____ | _____
Student Signature | Date

IMPORTANT: DO NOT SUBMIT THIS FORM OR ANY SUPPORTING DOCUMENTS VIA EMAIL.
Return this form and required documents using one of the following methods:
Mail, Fax, or Hand Deliver to: Corban University Financial Aid, 5000 Deer Park Drive SE, Salem, OR 97317.
Secure Fax: (503) 585-4316.

For Office Use Only: RCVD By: _____   RCVD Date: _____   ISIR Amt _____   Worksheet Amt _____   Verified Amt _____