

## 2019-2020 Financial Aid Verification

Independent Student — Statement of Non-Filing

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.

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

## Check the box that applies:

I am not married.

I am married. My spouse's name is:

I certify the following (this applies to the student <u>and</u> spouse, if the student is married.):

- 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 \$10,400 in 2017, you are required by the IRS to file a tax return.
- Any income earned in **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  | Spouse     | Signature (if applica | ble)          | 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.<br>Secure Fax: (503) 585-4316. |            |                       |               |              |  |  |
| For Office Use Only: RCVD By:  | RCVD Date: | ISIR Amt              | Worksheet Amt | Verified Amt |  |  |