



NEW YORK CITY
COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

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OFFICE OF FINANCIAL AID

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2018-2019 Non-FILER CONFIRMATION STATEMENT

for parents or spouses who do not have SSN, ITIN or EIN numbers

STUDENT'S NAME: _____ **SS#:** _____ **CUNYfirst ID#:** _____

In order to complete verification of your FAFSA information, an IRS Verification of Non-filing Letter dated October 1, 2017, or later, must be submitted for every tax non-filer whose 2016 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** and cannot obtain the required documentation of non-filing status from the IRS.

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

1. I, _____ am the _____ of the above-named student.
Parent/Spouse Name Relationship to Student
2. I attest that I do not have a Social Security Number, Individual Taxpayer Identification Number or Employer Identification Number.
3. I lived in the ☐ USA **or** ☐ Another Country for _____ months in the year 2016.
of months
4. In the income grid on the verification worksheet, please indicate any income earned from work for the year 2016. If the income was earned in a foreign country, please give the amounts in U.S. dollars.
5. If you had no earned income in 2016, please explain what resources supported you:

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: _____