2025-2026 AWARD YEAR



Student Non-Tax Filer Statement & Support

Please provide information about any resources, benefits, and other amounts received during 2023 by you and any member of your household. This may include items that were not required to be reported on your Free Application for Federal Student Aid (FAFSA). Please include things such as SSI, Disability Benefits, federal veteran's education and non-education benefits, military housing benefits, SNAP, TANF, child support, clergy benefits, public assistance and/or student loan proceeds. Documentation showing receipt of these funds may be requested. Also include the amount of any bills someone paid on your behalf or the estimated value of funds paid on your behalf, for example, if you live rent free include what your rent would have cost you as a benefit.

STUDENT INFORMATION

| Last Name | First Name | M.I. | Social Security Number | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------|-------------------------------------------|-------------------------------|
| Street Address (include apt. no.) | | City | State | |
| Telephone Number | (include area code) | Date of Birth | Email Address | |
| (DO NOT LEAVE AI | AMOUNTS RECEIVED in 202 NY BLANKS) unts, NOT Monthly amounts | 23 | STUDENT (and SPOUSE, if applicable) | PARENT (S) (if applicable) |
| Earnings from all jobs (Attach all 2023 W- 2's) | | | | |
| | ional Benefits (i.e.: Disability, Dea | ath Pension, DIC) | | |
| Financial aid you rece | ived from college | | | |
| Social Security Benefits | | | | |
| Workman's Compensation, Disability (do not include untaxed Social Security or SSI) | | | | |
| Child support received | d | | | |
| Alimony received | | | | |
| Money received from family or friends | | | | |
| Bills in your name pai | d by someone else | | | |
| Housing, Food or othe | er Living Allowances Paid for Cler | gy, Military, etc. | | |
| UNTAXED IRA Distributions received: | | | | |
| NYS Rehabilitation Be | enefits | | | |
| Tax-Deferred Pension | /Savings | | | |
| IRA Deductions/Paym | nents: | | | |
| Other UNTAXED Income: | | | | |
| Other Sources, Explain | n: | | | |
| Total ANNUAL Income | | | | |
| Additional Information | ation | | | |
| Does your family receive federal benefits such as TANF, SNAP, housing subsidy, fuel assistance, etc.? | | | | |

(Continued on the other side)

Comments:

Non-Tax Filer's Statement

I ______ (print name), did not file taxes in 2023.

Signature: ______

Date: _____

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I certify that I am not required to file a 2023 federal tax return per the tax filing income amount threshold. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

| Student's Signature | Date |
|-----------------------------------|------|
| | Date |
| | |
| | |
| | |
| Parent's Signature (if dependent) | Date |
| | |
| | |
| | |
| | |
| Spouse's Signature (if married) | Date |
| | |