



Financial Aid Office
Colston Hall, Room 504
P: 718.289.5700

Bronx Community College
Of The City University of New York
2155 University Avenue
Bronx, New York 10453

2021-2022 NON-FILER CONFIRMATION STATEMENT

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

STUDENT'S NAME: _____ CUNYfirst ID#: _____

In order to complete verification of your FAFSA information, an IRS Verification of Non-filing Letter dated October 1, 2020, or later, must be submitted for every tax non-filer whose 2019 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

- I, _____ am the _____ of the above-named student.
Parent/Spouse Name *Relationship to Student*
- I attest that I do not have a Social Security Number, Individual Taxpayer Identification Number or Employer Identification Number.
- I lived in the USA or Another Country for _____ months in the year 2019.
of months
- In the income grid on the verification worksheet, please indicate any income earned from work for the year 2019. If the income was earned in a foreign country, please give the amounts in U.S. dollars.
- If you had no earned income in 2019, 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.

| | |
|----------------------------|-------------|
| _____ | _____ |
| <i>Student's Signature</i> | <i>Date</i> |
| _____ | _____ |
| <i>Parent's Signature</i> | <i>Date</i> |
| _____ | _____ |
| <i>Spouse's Signature</i> | <i>Date</i> |