

Office of Student Financial Assistance 621 Huntington Avenue Boston, MA 02115

T 617 879 7849 F 617 879 7880

VERIFICATION OF NON-FILING STATUS	
STUDENT INFORMATION	
Student Name:	Student ID:
PARENT INFORMATION (IF APPLICABLE)	
Name:	
	Phone:
return this form to the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please do not hesitate to contact the Office of Student Financial form, please form for the Student Financial f	I did not, and was not required to file a Federal Income ify that I was unable to obtain a verification of non-filing income are listed below. All information on the FAFSA to
Social Security	\$
AFDC	\$
Pension	\$
Child Support Received	\$
	\$
W-2 Income (wages)	
	\$

This form is required in compliance with the verification process of the U.S. Department of Education's Federal Student Aid Programs. Failure to complete this form may result in the withdrawal of federal aid. Knowingly false or misleading information submitted on this form is punishable by a fine and/or jail time.

Date