



NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

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OFFICE OF FINANCIAL AID

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2020-2021 NON-FILER CONFIRMATION STATEMENT

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

Student Name _____ SS#: _____ CUNYfirst ID# _____

In order to complete verification of your FAFSA information, an IRS Verification of Non-filing Letter dated October 1, 2019, or later, must be submitted for every tax non-filer whose 2018 income information was required to be reported on your FAFSA.

You have been given this form because one or both of your parents (dependent student), or your spouse (if married), do not have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number and therefore is unable to 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 on 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, an Individual Taxpayer Identification Number or an Employer Identification Number. And
- I list the sources and amounts of earnings, other income, and resources that supported my family for the 2018 tax year; on the Verification Worksheet attached.
- I have no earned income in 2018, below is the explanation of my resources and how I was supported

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 _____