



American  
Jewish  
University

# Parent Non-Tax-Filer Statement

## 2019-2020 Academic Year

Student Name \_\_\_\_\_

Student Social Security Number \_\_\_\_\_

Name of Parent Filing This Form \_\_\_\_\_

Parent Telephone Number \_\_\_\_\_

- If you filed a 2017 U.S. federal income tax return, do not submit this form. Instead, send a photocopy of your signed 2017 federal tax return to the Office of Financial Aid. If your 2017 income is more than \$7,200, you may be required to file a federal income tax return. Consult your tax advisor.
- If you live in another country and you are not legally required to file a 2017 U.S. federal income tax return, check this box  and complete this form. Write the name of your country of residence here: \_\_\_\_\_ . Convert all amounts to U.S. dollars.
- Indicate total amounts earned or received from January 1 to December 31, 2017. Complete all entries. Write "0" or "n/a" where appropriate.

- |   |             |
|---|-------------|
| 1. Income earned by student's mother/stepmother in 2017 (includes business income if self-employed):  | 1. \$ _____ |
| 2. Income earned by student's father/stepfather in 2017 (includes business income if self-employed):  | 2. \$ _____ |
| 3. Social Security benefits received by student's parent(s) in 2017:  | 3. \$ _____ |
| 4. Temporary Aid to Needy Families (TANF) benefits received by student's parent(s):   | 4. \$ _____ |
| 5. Child support received by student's parent for any dependent children:   | 5. \$ _____ |
| 6. Other income received by student's parent(s) in 2017:  |             |
| a. Interest and dividends:  | a. \$ _____ |
| b. Cash received or money paid on your behalf   | b. \$ _____ |
| <i>Please specify source of support.</i>  |             |
| c. Welfare:   | c. \$ _____ |
| d. Veterans' non-educational benefits received:   | d. \$ _____ |
| e. Housing, food and other living allowances (excluding rent subsidies for low-income housing) for military, clergy, and others (include cash payments and cash value of benefits): | e. \$ _____ |
| f. Worker's Compensation and/or disability benefits:  | f. \$ _____ |
| g. Alimony/spousal support:   | g. \$ _____ |
| h. Unemployment Compensation:   | h. \$ _____ |
| i. Other _____  | i. \$ _____ |
| <i>Please specify source of income.</i>   |             |
| k. The amount earned from each employer in 2017, and whether an IRS W-2 form is provided.   | k. \$ _____ |

**Total Other Income** (add lines 6a through 6i): 6. \$ \_\_\_\_\_

7. Total income, support and benefits in 2017 (add lines 1 through 6): 7. \$ \_\_\_\_\_

**Certification:** I/we certify that federal law does not require me/us to file a 2017 U.S. federal income tax return and that one will not be filed. I/we affirm that all the information on this form is true and complete to the best of my/our knowledge. I/we understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, or repayment of financial aid.

Mother/Stepmother Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Stepfather Signature \_\_\_\_\_ Date \_\_\_\_\_