



American
Jewish
University

Parent Non-Tax-Filer Statement

2020-2021 Academic Year

Student Name _____

Student Social Security Number _____

Name of Parent Filing This Form _____

Parent Telephone Number _____

- If you filed a 2018 U.S. federal income tax return, do not submit this form. Instead, send a photocopy of your signed 2018 federal tax return to the Office of Financial Aid. If your 2018 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 2018 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, 2021. Complete all entries. Write "0" or "n/a" where appropriate.

- | | |
|---|-------------|
| 1. Income earned by student's mother/stepmother in 2018 (includes business income if self-employed): | 1. \$ _____ |
| 2. Income earned by student's father/stepfather in 2018 (includes business income if self-employed): | 2. \$ _____ |
| 3. Social Security benefits received by student's parent(s) in 2018: | 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 2018: | |
| 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 2018, 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 2018 (add lines 1 through 6): 7. \$ _____

Certification: I/we certify that federal law does not require me/us to file a 2018 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 _____