



American  
Jewish  
University

## Parent Non-Tax-Filer Statement 2018-2019 Academic Year

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

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

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

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

- If you filed a 2016 U.S. federal income tax return, do not submit this form. Instead, send a photocopy of your signed 2016 federal tax return to the Office of Financial Aid. If your 2016 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 2016 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, 2016. Complete all entries. Write "0" or "n/a" where appropriate.

1. Income earned by student's mother/stepmother in 2016 (includes business income if self-employed): 1. \$ \_\_\_\_\_
2. Income earned by student's father/stepfather in 2016 (includes business income if self-employed): 2. \$ \_\_\_\_\_
3. Social Security benefits received by student's parent(s) in 2016: 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 2016:
  - a. Interest and dividends: a. \$ \_\_\_\_\_
  - b. Cash received or money paid on your behalf  
Please specify source of support: \_\_\_\_\_ b. \$ \_\_\_\_\_
  - 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 \_\_\_\_\_  
Please specify source of income. i. \$ \_\_\_\_\_
  - k. The amount earned from each employer in 2016, 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 2016 (add lines 1 through 6): 7. \$ \_\_\_\_\_

**Certification:** I/we certify that federal law does not require me/us to file a 2016 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 \_\_\_\_\_