



**Student Non-Filing
Income Statement
2017 - 2018**

Student's Name: _____ **Soc. Sec. #:** _____ **ID#:** _____

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

You stated on the FAFSA that you did not file taxes. Please complete this form to verify this information.

Check the box that applies:

- The student and spouse were not employed and had no income earned from work in 2015.
- The student and/or spouse were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 IRS W-2 forms issued to the student and spouse by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student and/or spouse's name and Social Security Number at the top. If no W2 is provided, use back of this form or attach a letter explaining the reason that a W2 is not available.*

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00(example)</i>	<i>Yes(example)</i>

CERTIFICATION

By signing this worksheet, I certify that all of the information reported on it is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student (and Spouse) _____ Date _____

Mail, fax or bring this form to the Office of Financial Aid.

Office hours are: Monday–Friday 8:00 am–5:00 pm
 If you have any questions, please contact us at 517-750-2900 or 1-800-968-0011
 You may fax forms and responses to 517-750-5555
 Email: financialaid@arbor.edu

Phone number:
 Fax number:
 Email: