

**2008-2009 Academic Year
Student Non - Filing Statement (TS)
2007 Calendar Year Income**

PLEASE READ THE FOLLOWING BEFORE PROCEEDING:

Have you filed or will you file a 2007 U.S. Federal income tax return? Yes ____ No ____

If YES, STOP HERE! Do not submit this form. Submit a signed copy of your 2007 Federal income tax return.
If NO, and you are not legally required to file a 2007 U.S. federal tax return, please complete the information below.

Submit this form or signed copy of your 2007 Federal income tax returns within two weeks to the Office of Financial Aid.

The dollar amounts reported in any item below should reflect the total yearly amount received for the calendar year 2007. Do not report monthly amounts. Please complete all items, indicating "0" where appropriate.

SOURCE OF STUDENT INCOME IN 2007:	Amount received in 2007
1. Income earned by student in 2007:	\$ _____ .00
a. 2007 Federal College Work Study Earnings: \$ _____	
2. Income earned by spouse:	\$ _____ .00
3. Social Security Benefits:	\$ _____ .00
4. Aid to Families with Dependent Children (AFDC):	
5. Child Support received for all children:	
6. Other untaxed income:	
a. Welfare benefits (except AFDC and ADC):	a. \$ _____ .00
b. Veterans benefits (except educational benefits):	b. \$ _____ .00
c. Cash support or any money paid on your behalf:	c. \$ _____ .00
d. Housing, food and other living allowances for Military, clergy and others:	d. \$ _____ .00
e. Worker's Compensation:	e. \$ _____ .00
f. Payments to tax deferred pension and savings plans (paid directly or withheld from earnings):	f. \$ _____ .00
g. Other: _____ (please specify source of income)	g. \$ _____ .00
 TOTAL OTHER UNTAXED INCOME (add lines 6a through 6g)	 \$ _____ .00
 7. TOTAL INCOME AND BENEFITS (add lines 1 through 5, and 6)	 \$ _____ .00

CERTIFICATION:

I (We) certify federal law does not require me (us) to file a 2007 U.S. Federal income tax return and one will not be filed. If requested, I (we) will provide official confirmation of this form from Internal Revenue Service. I (We) affirm all the information on this form is true and complete to the best of my (our) knowledge. I (We) understand false statements or misrepresentation will be cause for denial, reduction, withdrawal or repayment of financial aid.

Student's Name (please print)	Student's Signature (please sign)	Date
Spouse's Name (please print)	Spouse's Signature (please sign)	Date