

2024-2025 VERIFICATION OF NON-FILING

Your FAFSA was selected for a process called verification, and we are required to verify your non-filing status. The person who checks the box below is the one required to sign the form. Please complete and sign this form.

Student Information:

Last Name: _____ First Name: _____ MI: _____

Student ID No. (if known): _____ or Last Four Digits of Social Security No.: _____

I am the (please check only **ONE** of the following):

Student, and I confirm that **ALL** of the following are true:

- I have attempted to obtain the appropriate Verification of Non-Filing letter from the IRS and am unable to do so.
- I did not file a 2022 tax return, and am not required to file a 2022 tax return.
- I did work and will attach all my 2022 W-2 wage statements to this letter. Or, I did not work in 2022, and I will confirm that I earned zero wages by writing a zero on the line: **WAGES EARNED: \$** _____

Spouse of student, and I confirm that **ALL** of the following are true:

- I have attempted to obtain the appropriate Verification of Non-Filing letter from the IRS and am unable to do so.
- I did not file a 2022 tax return, and am not required to file a 2022 tax return.
- I did work and will attach all my 2022 W-2 wage statements to this letter. Or, I did not work in 2022, and I will confirm that I earned zero wages by writing a zero on the line: **WAGES EARNED: \$** _____

Parent of student, and I confirm that **ALL** of the following are true:

- I have attempted to obtain the appropriate Verification of Non-Filing letter from the IRS and am unable to do so.
- I did not file a 2022 tax return, and am not required to file a 2022 tax return.
- I did work and will attach all my 2022 W-2 wage statements to this letter. Or, I did not work in 2022, and I will confirm that I earned zero wages by writing a zero on the line: **WAGES EARNED: \$** _____

I certify that all the information reported on it is complete and correct. You must print your name, sign and date below.

Print Name: _____

Signature: _____

Date: _____

**WE CANNOT ACCEPT TYPED OR ELECTRONIC SIGNATURES ON THIS FORM – PLEASE SIGN AND DATE ABOVE.
PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE.**

CRI: FC24SVON, FC24SPVN, FC24PVON, FC24P2VN



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OFFICE

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