



2018-19 VERIFICATION OF NON-EMPLOYMENT INCOME

Please type this form, or use black or blue ink.

STUDENT NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE HAVE YOUR SPOUSE (IF APPLICABLE) COMPLETE A SEPARATE FORM WITH THEIR INFORMATION IF THEY DID NOT WORK IN 2016.

SPOUSE NAME: _____

YOU INDICATED ON YOUR FAFSA THAT YOU HAD NO INCOME FROM WORK. CHECK ALL THAT APPLY:

- I did not file a 2016 Federal Income Tax form.
I am not required to file a 2016 Federal Income Tax form.

I RECEIVED THE FOLLOWING PUBLIC ASSISTANCE (MY FAMILY INCLUDED, IF APPLICABLE) IN 2016 OR 2017:

- ADC/AFDC, Food Stamps, Medicaid/Untaxed Social Security Benefits, VA Benefits (specify) \$, Workman's Compensation, Other

I WAS SUPPORTED BY:

- Family Member Name Relationship, Friend/Significant Other Name

Please provide a brief statement of how you were supported.

Blank lines for providing a brief statement of how you were supported.

Each person signing below certifies that all of the information reported is completed and correct.

STUDENT SIGNATURE _____ DATE _____

SPOUSE SIGNATURE (IF APPLICABLE) _____ DATE _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Please return this form to the Financial Aid Office at the location you plan to attend: Central Community College - Columbus, Grand Island, Hastings, Kearney with contact information.