



# Parent Non-filer Resources For Tax Year 2019

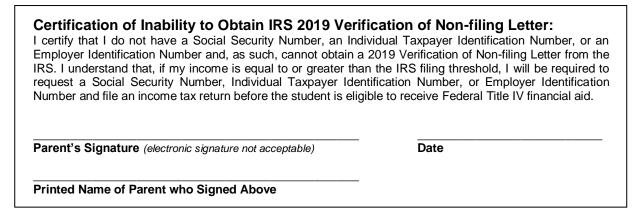
Please Use Black or Blue Ink			OSU Student ID ("A" plus 8 digits)						
Student Name:	Α								

Your parent has indicated that, because he or she doesn't have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number, AND the income is below the IRS filing threshold, he or she is unable to obtain the 2019 **Verification of Non-filing Letter** from the IRS.

Individuals in this situation must submit a statement certifying that they do not have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number, and provide a listing of the sources and amounts of earnings, other income and resources that were used to support the household during the 2019 tax year (January 1, 2019 – December 31, 2019).

Please complete and sign this form. We can't determine aid eligibility until all requested documents are received and reviewed.

# Part I: Certification of Inability to Obtain IRS 2019 Verification of Non-filing Letter



### Part II: Required Resource Information

Provide information, on the next page, about any resources, benefits, and other amounts received by any members of the parent's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as:

- Federal veterans' education benefits (GI Bill benefits),
- Basic military housing allowances or the value of on-base military housing,
- Section 8 housing assistance,
- SNAP (food stamps),
- TANF,
- Social Security benefits,
- Retirement benefits,
- Federal aid received by others in your household,
- Gifts and/or loans received by family members and/or friends,
- Others, etc.

If more space is needed, provide a separate page with the student's name and OSU ID at the top.

This is a two-page form.

Studen	t Name	Student ID							
Eith	er list recipients and types household's bas Other Resc	not leave the following section blank and amounts of support OR check t sic daily needs (i.e., food and shelter) purces, Benefits and Financial Suppor in Calendar Year 2019	he box and explain how your are being met. rt Received						
	Name of Recipient	ist of possible resources on previ Type of Financial Support	Annual Amount of Financial Support Received in 2019						
			\$						
			\$						
			\$						
			\$						
			\$						
	Total Amount of Financial Support Received \$								
	Neither the parent, nor any members of the parent's household, received any other resources, benefits or other types of financial support in calendar year 2019. <i>If this box is checked, please explain below how the household's basic daily needs (i.e. food and shelter) are being met.</i>								
Explanation:									

## **Certification/Signature:**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student's Signature (electronic signature not acceptable)	Dat	te		-
Parent's Signature (electronic signature not acceptable)	Dat	te		
Printed Name of Parent Who Signed Above	Street Address	City	State	Zip

#### Return to:

Office of Scholarships and Financial Aid 119 Student Union, Stillwater, OK 74078-5061 **Fax: (405) 744-6438** *(if you fax, please do not mail the form)* 

Questions? Email: <u>finaid@okstate.edu</u> Phone: (405) 744-6604 Web: <u>financialaid.okstate.edu</u>

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