

Parent Non-filer Resources For Tax Year 2020

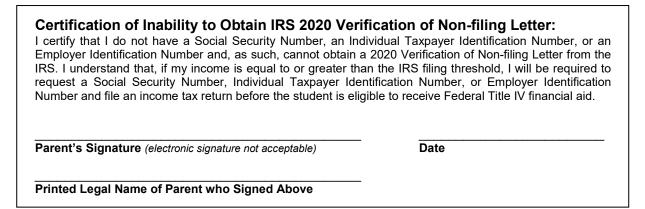
Please Use Black or Blue Ink			OSU Student ID ("A" plus 8 digits)							
Student Legal Name:	Α									

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 2020 **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 2020 tax year (January 1, 2020 – December 31, 2021).

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.

tudent Legal Name			SU Student ID						
Eithe	er list recipients and types	not leave the following section blank and amounts of support OR check t sic daily needs (i.e., food and shelter)	<mark>he box and explain how your</mark>						
		ources, Benefits and Financial Suppo in Calendar Year 2020 ist of possible resources on previ							
	Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2020						
			\$						
			\$						
			\$						
			\$						
			\$						
	Tota	Amount of Financial Support Received	\$						
Expl	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 2020. <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>								
слр									

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 Legal 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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