

SPNR20

Please Use Black or Blue Ink		 <b>U Banr</b> plus 8	-		
Student Name:	Α				

You have indicated that, because your spouse doesn't have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number, AND his/her income is below the IRS filing threshold, your spouse is unable to obtain the 2017 **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 person during the 2017 tax year (January 1, 2017 – December 31, 2017).

Your spouse should 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 2017 Verification of Non-filing Letter

Certification of Inability to Obtain IRS 2017 Verification of Inability to Obtain IRS 2017 Verification I certify that I do not have a Social Security Number, an Individual Temployer Identification Number and, as such, cannot obtain a IRS. I understand that, if my income is equal to or greater that request a Social Security Number, Individual Taxpayer Identification Number and file an income tax return before the student is eliginated.	vidual Taxpayer Identification Number, or an 2017 Verification of Non-filing Letter from the n the IRS filing threshold, I will be required to tification Number, or Employer Identification
Spouse's Signature (electronic signature not acceptable)	Date
Printed Name of Spouse	OSU Banner ID, if OSU Student

## Part II: Required Resource Information

Provide information, on the next page, about any resources, benefits, and other amounts received by the student's spouse. 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 Banner ID at the top.

This is a two-page form.

udent Name	OS	SU Banner ID
	o not leave the following section bla	
	nd amounts of support OR check the sic daily needs (i.e., food and shelter)	
	ources, Benefits and Financial Suppo	
	in Calendar Year 2017	
(Refer to I	list of possible resources on previ	ious page)
Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2017
		\$
		\$
		\$
		\$
		\$ \$
l did not receive any resou	al Amount of Financial Support Received arces, benefits or other types of financia ase explain below how your household's	\$ \$ support in calendar year 2017.
I did not receive any resou  If you check this box, plea	urces, benefits or other types of financia	\$ \$ support in calendar year 2017.
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Return to:

Printed Name of Spouse

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)

OSU Banner ID, if OSU Student

Questions?

Email: finaid@okstate.edu
Phone: (405) 744-6604
Web: financialaid.okstate.edu