



Office of Financial Aid
 8800 O Street
 Lincoln, NE 68520
 Ph: 402-437-2610
 Fax: 402-437-2402
 financialaid@southeast.edu

2020-2021 FAFSA Verification Parent of Dependent Student – Non-Tax Filer

Student Name: _____ **Student SCC ID:** _____

We have received your student's 2020-21 Free Application for Federal Student Aid (FAFSA). Your student's FAFSA was selected for review in a process called "Verification." As part of this process, Southeast Community College is required by federal regulations to collect information to verify that the FAFSA is accurate. If any differences are found, we will make corrections electronically on your behalf and you will receive an updated Student aid Report (SAR).

Please complete and return this form to the SCC Financial Aid Office as soon as possible. Be sure to include student name and SCC ID on all forms you submit to our office. **Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.**

Parent Income and Tax Information

(If Requested, Spouse Income and Tax Information should be reported on a separate form.)

You indicated on your student's 2020-21 FAFSA that you will not file and are not required to file a federal 2018 income tax return with the IRS.

Please check the box that applies:

- I had no income from employment (wages or self/farm employment), and have not and was not required to file a 2018 Federal Income Tax Form.
- I had employment income in 2018, and have not and was not required to file a 2018 tax return. **REQUIRED-Complete section below AND attach copies of 2018 W2(s) or IRS Wage and Income Transcript.**
- Income information was incorrectly reported on the FAFSA. I was not employed in 2018 and had no work income.

Anyone completing this form must also submit a Verification of Non-Filing letter from the IRS.

PARENT INFORMATION

Employer	2018 Amount Earned	Did you receive a W-2? *
	\$	Yes* No*
	\$	Yes* No*
	\$	Yes* No*

Please list additional sources of income/employers on the back of this form.

- *If you marked "Yes," to any of the W-2 questions above, please attach a copy of the W-2(s) when you submit this form.**
- *If marked "No," additional information will be requested.**

By signing this form I acknowledge the following:

By signing this worksheet, I certify that all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Signature is required of parent whose information has been reported on this form. An electronic signature is not valid on this form.

Parent Signature _____ Date _____