



2026-2027 Independent Student Non-Filer Form

Your FAFSA application was selected for review in a process called "Verification." In this process, the Financial Aid Office will be comparing information from your FAFSA application with the information requested below, W-2 forms and any other requested financial documents. The law says the Financial Aid Office has the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial information, the Financial Aid Office may need to make corrections electronically to your FAFSA application. Please complete, sign, and submit this form to the IWU Financial Aid Office.

Income and Expenses

You have indicated an income level on the FAFSA application which requires that we verify the following information. To help us to better understand your monthly financial situation, please complete the following:

<u>Monthly Resources</u>	<u>Amount</u>	<u>Monthly Expenses</u>	<u>Amount</u>
Work Income		Housing	
SNAP (Food Stamps)		Utilities	
Child Support Received*		Food	
Credit**		Transportation	
Gifts***		Medical	
Other****		Other	
<u>Total</u>		<u>Total</u>	

*Please report Child Support received for the entire household on a monthly basis.

**Please report any personal credit (i.e. credit cards, personal loans, etc...) used each month to meet monthly living expenses.

***Gifts are cash received or payments made on your behalf for housing, food, utilities, transportation, medical, and other expenses. You should estimate expenses paid on your behalf at fair market value.

****Sources of untaxed income other than income earned from work or gifts (i.e. clergy or military housing allowance, etc...).

If you have resources reported in the 'Other' category in the resources grid above, please explain what kind of income it is (Ex: Interest Income, Social Security, Disability, etc...).

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1. Do you own a business(es)? If yes, please submit your most recent tax return including all schedules. **Do not leave blank.**

Y

N

2. Do you live with one or more individuals (other than your spouse if you are married) who provide you with support to meet monthly expenses? **Do not leave blank.**

Y

N

If yes, please explain your situation and the financial relationship:

3. If you have other living or financial circumstances that are not addressed by the requested information above, please detail those circumstances below. **Please write N/A if there are no additional circumstances**

4. Please check one of the following:

- ☐ I have attached my W-2's to this form as proof of my income.
- ☐ I worked but did not receive a W-2. (Complete 3b. below)
- ☐ I did not work.

If you worked but did not receive a W-2, please disclosure your employment information below.

Employer	Amount Earned
<hr/>	<hr/>
<hr/>	<hr/>

Of the amount stated above, my 2024 income from IWU student employment was \$_____

Student Signature

All information on this form and the FAFSA, which will be used to calculate my eligibility for student financial aid assistance, is complete and correct. I have not filed, and will not file, a 2024 Federal income tax return. **This form requires a manual signature, not electronic. Please sign and date below.**

Student Signature: _____

Date: _____

Student's Legal Name (Print)

Student ID Number