CENTRAL PIEDMONT COMMUNITY COLLEGE

Dependent Non-Filer/Low Income Verification

Student Name: _____ CPCC ID #: _____

Nonfiling Parent's Name: _____
(Please Print)

TAX YEAR information being provided: 2013

Complete this form, only if your parent(s) did not file and were not required to file a Federal Tax Return last year or submitted a Tax Return showing unusually low income. Please send a copy of all W-2s or an IRS Wage and Income Transcript if you earned wages (and a Verification of Non Filing Statement if you did not file).

Note: If an Automatic Tax Extension is filed or will be filed you cannot use this form.

CPCC Financial Aid Office has completed an initial review of your Free Application for Federal Student Aid (FAFSA). Additional Information is needed to verify your income. According to our records you and your spouse (if applicable) have not filed, and were not required to file a Federal Income Tax Return.

Below is a chart that we need for your parent(s) to complete using last year's information. Please list average household monthly expenses and how they were paid in the appropriate boxes. **In addition, attach a legible copy of all W-2s or an IRS Wage and Income Transcript** with the student's name and CPCC student ID number indicated on all pages.

NOTE: If your parents were not required to file a 1040, 1040A, 1040EZ because of Foreign Income, please submit a copy of the Foreign Tax Return with currency converted to US dollars.

Type of Household Expense	What it costs per month	Source of Income
1. Housing: ☐ My own home/apartment ☐ Other (please specify, i.e. with friends, family)		
2. Household Utilities (average per month): electricity, phone, gas, water, etc.		
3. Food:		
4. Clothing:		
5. Transportation:		
6. Medical Insurance:		
TOTAL		

Only complete this section if parent(s) were incarcerated last year.

Parent was incarcerated last year beginning _____ and ending _____.
Month/Year Month/Year

Please provide taxable and non-taxable income for any portion of the year that you were not incarcerated:

Total Taxable income: $_____ Source: _____
Total Non-taxable income $_____ Source: _____

Did you have any bills in your name last year? ☐ **Yes** ☐ **No**

Were any bills in your name paid for you by someone else or an organization? ☐ **Yes** ☐ **No**

If yes, list each bill and the amount paid for the year and who paid the bill. ***Please include any payments received from any crisis assistance organizations.***

Did you or anyone in your household receive any of the following benefits last year?

☐ SNAP (Food Stamps) ☐ Public Housing

☐ WIC ☐ TANF (Work First)

☐ Medicaid ☐ Utility Check Payment

Miscellaneous Income	Monthly Amount	Annual Amount
Miscellaneous:		
• Social Security Disability	_____	_____
• Other Disability Benefits	_____	_____
• Unemployment Benefits	_____	_____
• Alimony	_____	_____
• Child Support	_____	_____
• Other: _____	_____	_____

By signing this form, I/we certify that I/we are not required to file, have not filed and will not file a Federal IRS Form 1040, 1040A, 1040EZ, 1040-TEL, a Tax Return for Puerto Rico or for a foreign country or have provided a Tax Return Transcript that shows unusually low income.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

PRINT

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.