## Southern University at New Orleans Office of Student Financial Aid

## 2008-2009: ZERO INCOME VERIFICATION FORM

According to the Federal Processing Center, you reported zero (\$0) income for yourself and/or a family member on your Free Application for Federal Student Aid (FAFSA). In order to continue the verification process of your file, you and/or your family m ember must complete and return this form to the SUNO Office of Student Financial Aid.

Student:			SSN:	
Ple	ease provide information per	taining to the person(s) reporting zero	ncome (check all that apply):	
	Student	Parent	Parent and Student	
1.	If yes, please place a checl <b>Please attach copies of al</b>	kmark by all sources of income that ap I W2's for 2007, current AFDC or A	eport on the FAFSA? () Yes () No ply: W2's AFDC ADC Soc. Se DC Award Letter(s), and/or 1099 Statement as list income sources below and the amount p	of Benefits
2.			pans, or any other expense(s) paid to you or or deciration of the second s	

If yes, from whom?

(Please include name & relationship to student)

Income Source	Amount of Untaxed Income Received in year 2006

3. Did you file a Federal Income Tax Return for the 2007 tax year? ( ) Yes ( ) No.

% If *yes*, please submit a signed copy of your tax return.

% If *no*, please explain **in detail** your circumstances and specify how you are/were able to support yourself/your family with zero income. You must **include monetary amounts** such as money received, or any money paid on your behalf (e.g. bills or other misc. expenses). *Our office reserves the right to ask for additional documentation if your explanation does not prove your situation.* For additional space, you should use the reverse side or attach an additional letter.

\*\*WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.\*\*

Student's Signature: \_\_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature:

(Dependent Students Only)

Date: \_\_\_\_\_