CCBC

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CAMPUS: INITIAL: _____

C D E OM

Financial Aid Office
VIND2

2026 – 2027: Student/Spouse Verification of Non-Tax Filing

Your application was selected for a process called verification. In this process, the school will compare the information provided on this form and other requested documents with your FAFSA data. If there are differences between your FAFSA information and financial documents, your FAFSA data will be corrected.

STUDENT NAME: _____ **CCBC ID**: 90

Complete the "Student" section of this worksheet.
If you are currently married (and not separated), your spouse must also complete the "Spouse" section of this worksheet.

Student	**Spouse**
Print Full Name:	**Print Full Name:**
Check the below box *if*…	**Check the below box *if*…**
❑ **1.** I do ***NOT*** have an SSN, ITIN, or EIN	❑ **1.** I do ***NOT*** have an SSN, ITIN, or EIN
✓ ***CHECK ONLY ONE* OPTION BELOW***	✓ ***CHECK ONLY ONE* OPTION BELOW***
☐ **2.** I filed a federal income tax return (1040) in 2024.	☐ **2.** I filed a federal income tax return (1040) in 2024.
☐ **3.** I did NOT work/have any income or financial support in 2024 ***AND*** I did not and was not required to file a tax return.	☐ **3.** I did NOT work/have any income or financial support in 2024 ***AND*** I did not and was not required to file a tax return.
☐ **4.** I did not file, and was not required to file, a federal income tax return (1040) in 2024, *but I DID have income.* **COMPLETE THE CHART BELOW**	☐ **4.** I did not file, and was not required to file, a federal income tax return (1040) in 2024, *but I DID have income.* **COMPLETE THE CHART BELOW**
↳ **4a.** List all sources of 2024 income/financial support and the yearly amount:	↳ **4a.** List all sources of 2024 income/financial support and the yearly amount:
EMPLOYER NAME/ SOURCE OF SUPPORT / **TOTAL FROM 2024**	**EMPLOYER NAME/ SOURCE OF SUPPORT** / **TOTAL FROM 2024**
If you did not file a 2024 tax return, **ATTACH *ALL* 2024 W-2(s)** or equivalent documents	If you did not file a 2024 tax return, **ATTACH *ALL* 2024 W-2(s)** or equivalent documents

_____ PRINT _____
Student's Signature Date

_____ _____
Spouse Signature (if applicable) Date

Warning: Each person signing this worksheet certifies that they have read and understood all questions, and that all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.
All documents must be submitted by the last day of the semester. Financial aid awards are subject to change pending verification.