Non-Tax Filer Office of Financial Aid, BGSP, NYGSP, & BGSP-NJ • 1581 Beacon Street • Brookline, Massachusetts 02446 • Statement: 2019-2020

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NOTE: This form is to be completed by financial aid applicants who did not file a 2017 Federal Income Tax Return for the year ending 12/31/2017. Please contact Stephanie Woolbert, Director of Financial Aid, if you have any questions.

• Phone: (617) 277-3915 • Fax: (617) 277-0312 •

This form lists information for: Student Student's Spouse (The student and, if applicable, their spouse may complete the same form.)		
Student Name:	Social Security Number:	
Spouse Name:	_ Social Security Number:	

Please list below all sources of income, benefits and/or assistance received by the student and spouse. Assistance includes "in-kind" assistance (for example, living with someone in exchange for room and board or a gift/loan from someone). Please attach supporting information documenting the amount of any untaxed income that you received in 2017 such as Social Security benefits, worker's compensation, etc. In-kind assistance must be documented by a letter from the person(s)/agency offering the assistance.

Sources of income, benefits, and/or assistance received in 2017:	Amount of income from each source:
	\$
	\$
	\$
	\$
	\$
TOTAL RESOURCES FOR 2017	\$

I/we certify that I/we have not filed and will not file a 2017 Federal U.S./Puerto Rico Tax Return (1040, 1040A, or 1040EZ), and that all of the information on my Free Application for Federal Student Aid (FAFSA) is complete and correct.

SIGNATURE (student):	DATE:
SIGNATURE: (spouse):	DATE: