



SOUTHERN UNIVERSITY AT NEW ORLEANS
 Office of Student Financial Aid
 6400 PRESS DRIVE
 ADMINISTRATION BUILDING ROOM 164
 NEW ORLEANS, LOUISIANA 70126
 OFFICE NUMBER: (504) 286-5263
 FAX (504) 286-5213

2019-2020: 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 member must complete and return this form to the SUNO Office of Student Financial Aid.

Student: _____ ID #: _____

Please provide information pertaining to the person(s) reporting zero income (check all that apply):

Student _____ Parent _____ Parent and Student _____

Did you receive any untaxed income/resources that you did not report on the FAFSA? () Yes () No

If yes, please place a checkmark by all sources of income that apply:

W-2's _____ SNAP _____ ADC _____ Soc. Sec. Benefits _____

Please attach copies of all W2's for 2017, current SNAP or ADC Award Letter(s), and/or 1099 Statement of Benefits received from Social Security for the 2017 calendar year. (Please list income sources below and the amount received.)

Are you receiving "Cash Support," defined as money, gifts, loans, or any other expense(s) paid to you or on your behalf such as housing, food, clothing, car payments or expenses, medical and dental care, and/or college costs? () Yes () No

If yes, from whom? _____

(Please include name & relationship to student)

Income Source	Amount of Untaxed Income Received in Year 2017

1. Did you file a Federal Income Tax Return for the 2017 tax year? () Yes () No

If *yes*, please submit a signed copy of your IRS Tax Transcript.

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 as for additional documentation if your explanation does not prove your situation.* For additional space, you should use the reverse side or attached an additional letter.

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

Student's Signature: _____

Date: _____

Parent's Signature: _____
 (Dependent Students Only)

Date: _____