SOUTHERN UNVERSITY AND A&M COLLEGE

Office of Student Financial Aid

ZERO INCOME VERIFICATION FORM 2016-2017

According To the Federal Processing Center, you reported zero (\$0) income for yourself and/or 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 Southern University Baton Rouge Office of Student Financial Aid. Student: _____ Student SSN or SID#:____ Please provide information pertaining to the person(s) reporting zero income: SS# NAME Relationship to Year Zero Income Student Occurred Did you receive any untaxed income in 2015? ☐ Yes ☐ No If yes, please indicate the source and amount: **2015 Untaxed Income Income Source** 2015 Untaxed Income **Parents (Dependent Students only)** Student/Spouse Job: **Social Security Benefits** AFDC/TANF **Child Support Food Stamps Received** Other: Cash Support Received in 2015 Amount: \$ (Cash Support is defined as money, gifts, loans, or any other expense(s) paid on your behalf such as housing, food, clothing, car payments or other expenses such as bills, medical or dental care). Did you and/or your parent(s) (if dependent) file a Federal IRS Income Tax Return for the 2015 tax year? \square Yes \square No If yes, please submit a signed copy of your (and your parent's, if dependent) IRS Tax Return Transcript(s). > If no, please explain in detail your circumstances and specify how your family or Parent's family (if dependent) was able to meet its financial obligations with zero income. or Additional space, you should use the reverse side or attach an additional letter. Our office reserves the right to ask for additional documentation if your explanation does not prove your situation. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.** **By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.** Student's Signature: ________Date: _______ If applicable, the following family member must sign and date: