

**PARENT NON-TAX FILER STATEMENT
INSTRUCTIONS**

- Submit all application documents to 263 Farmington Ave, Farmington CT 06030-1827. Applications may be submitted in person, mail or via fax. E-mails will be accepted to secure e-mail only.

University of Connecticut
Office of Student Financial Aid
Services
263 Farmington Ave Farmington,
CT 06030-1827

Phone: (860) 679-1364 Fax: (860)
679-1902

Secure E-mail: uchfa@appmail.uconn.edu
Website: health.uconn.edu/

Student Information

Student's Name: _____

Student's NET ID: _____ Date of Birth: _____

Parent Information

Parent completing this form: Mother Father Mother and Father

Mother's Name: _____ Social Security Number: _____

Father's Name: _____ Social Security Number: _____

Documentation Required

Father's income from work during 2018 (Provide W-2)	\$
Mother's income from work during 2018 (Provide W-2)	\$
Unemployment compensation during 2018 (Provide statement)	\$
Disability Income (Provide statement)	\$
Non-taxable income for 2018 (Provide proof)	\$

Documentation Not Required

Social Security Income for 2018	\$
Dividend Income or Interest Income for 2018 Capital Gains in 2018	\$
Net Value of Investments	\$
Total Cash, Saving and Checking	\$
Total Income from All Sources	\$

Signature(s) below certify that the information provided is true and complete. 2018 Federal Tax Return(s) have not and will not be filed.

Student's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Original signature(s) Required