

**Return to:**

Office of Financial Aid, 25 Hall Street, Concord, NH 03301  
 Phone: (603) 513-1392  
 Fax: (603) 513-1386  
 financial.aid@granite.edu

_____ Last Name	_____ First Name	_____ Middle Initial
_____ GSC Student ID #	_____ Date of Birth	_____ Phone Number

Complete all sections of this form only if someone required to provide financial information on your 2017-18 FAFSA did not file and is not required to file a 2015 U.S. Income Tax Return. DO NOT complete this form if this person WILL (or is required to) complete a 2015 U.S. Income Tax Return. *If more than one person was required to submit information as a non-tax-filer, please complete this form for each person.*

**Section A**

I have not filed, nor am I required to file a **2015** U.S. Income Tax Return. All of the information reported on this Non-Tax-Filer Statement and the 2017-18 FAFSA, used to calculate financial aid eligibility, is complete and correct.

\_\_\_\_\_  
Name of Non-Tax-Filer (please print)

\_\_\_\_\_  
Signature of Non-Tax-Filer

Relationship to student (check one):  Self  Spouse  Parent  Step-parent

**Section B**

Please outline your income and/or benefits for 2015. *This form completes the IRS Data Retrieval/Tax Return Transcript requirement for financial assistance at Granite State College.*

**2015 Income Earned from Work:** \$ \_\_\_\_\_ **Attach all copies of 2015 Employee W2s if amount is not '0'!**

**Other Sources of 2015 Income**

*Please record a '0' if the answer is a zero to demonstrate acknowledgement. Failure to do so will result in an incomplete form and will delay processing.*

Source	2015 Amount	Source	2015 Amount
TANF/AFDC Welfare Benefits:	\$ _____	Child Support Received:	\$ _____
Social Security Benefits (Retirement, Survivor, Disability)	\$ _____	Alimony:	\$ _____
Supplemental Security Income (SSI)	\$ _____	Support from Other Person:	\$ _____
SNAP:	\$ _____	Gifts:	\$ _____
Fuel Assistance:	\$ _____	Other: _____	\$ _____
Housing Subsidies:	\$ _____		

Please provide an explanation to clarify the information above **or** if no income was received, please briefly explain how you were able to meet your basic financial needs during the 2015 year. *You may use the back of this form or attach a separate page if necessary.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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