



3000 Campus Hill Drive, Livermore, CA 94551-9797
(925) 424-1580
FAX (925) 449-6038

Non-Filer Certification Form

STUDENT NAME	STUDENT W ID or SSN
--------------	---------------------

Our review of your financial aid application indicates that you (and/or your spouse if married) and/or your parent(s) total income was low for 2016 and you indicated that you (and/or your spouse) and/or your parent(s) did not file a 2016 federal tax return.

Each person whose information is required to be included on your FAFSA who did not file a tax return must sign this form. Please complete this form and return to the Las Positas College Financial Aid Office so we can establish your financial aid eligibility.

Certification and Signature

I hereby certify that all of the information reported on this worksheet is correct.

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

I did not file, and I am not required to file a 2016 federal tax return per federal IRS requirements.

By signing my name below, I certify that I did not file and I am not required by the IRS to file a 2016 Federal Income Tax Return, and that I have reported all untaxed income received in 2016 on my FAFSA and on my Federal Verification form.

Only sign if the person's information was required on the FAFSA and the individual indicated they did not file a 2016 tax return.. .

Student's Signature

Date

Name of Spouse _____

Spouse's Signature

Date

FOR DEPENDENT STUDENTS ONLY:

Name of Parent 1 _____

Parent 1 Signature

Date

Name of Parent 2 _____

Parent 2 Signature

Date