



**HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY™**

Non-Tax Filer Statement

Hofstra Northwell School of Medicine
Office of Student Finance
500 Hofstra University
Hempstead, NY 11549-5000
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phone: 516.463.7523
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This form is intended for students applying for institutional aid. The Hofstra Northwell School of Medicine requires biological parents' financial information to qualify for institutional scholarships and loans. In the event that a parent is NOT required to file a federal tax return for the current tax year, please complete and submit this form to the Office of Student Finance.

Section 1: STUDENT INFORMATION

Academic Year: _____

Year in school: MS1 MS2 MS3 MS4

Student Name: _____ 700 #: _____

Section 2: NON-TAX FILER INFORMATION

Parent name: _____

Employer: _____ Earnings: \$ _____

Additional Sources of Income:

Source:	Income / Earnings:
_____	\$ _____
_____	\$ _____

**TOTAL EARNED INCOME DURING
THE PAST YEAR (JANUARY – DECEMBER):** \$ _____

Section 3: CERTIFICATION

(1) I hereby attest that all information provided on this form is true and accurate to the best of my knowledge and that I did not and do not intend to file a Federal Income Tax Return for the current tax year; (2) that all information reported on the Need Access application and FAFSA is complete and accurate; and, (3) that all information provided on my behalf on additional forms submitted to the Office of Student Finance that will be / are being used to calculate the student's financial aid award are true and accurate to the best of my knowledge.

Non-Tax Filer's Signature

Date

Student's Signature

Date

This statement is not valid unless signed and dated by the student and the non-tax filer.

