

Office of Financial Aid

## PARENT NON-TAX FILER'S STATEMENT

Student's Name	HCC id	
Address		
Student's Date of Birth//	Student's Phone Number	
Complete this statement if you (student's parent/s and was not required to file a 2023 U.S. federal tax		or U.S. resident who did not file
List below all of the sources and amounts of mone untaxed income (e.g., AFDC, SSI, military living a		
<ul> <li>In addition to this form, you must submit</li> <li>1) All earnings statements (e.g., W-2, 1099-1)</li> <li>2) Verification of Non-filing Letter from the or filing the <u>IRS Form 4506-T</u>).</li> </ul>		by using the <u>IRS Get Transcript Tool</u>
Who is completing this form? Parent 1 Parent 1 Name: Parent 2 Name:		t 2
Source of 2023 Inco	ome	Amount
Total		
Certification		
By signing this form, I certify that I did not and we that all of the information reported on this form it		
Parent 1 Signature		Date/
Parent 2 Signature (if applicable)		Date/
Please submit completed and signed form, along w	ith supporting documentation, to the Hol	y Cross College Office of Financial Aid:

Email: financialaid@hcc-nd.edu Mail: PO Box 308 Notre Dame, IN 46556-0308 Fax: 574.239.8323