

UHD ID: _____ Student's First Name: _____ Last Name: _____



Office of Scholarships and Financial Aid

2025-2026 Parent Certification for Non-Tax Filers

Your FAFSA was selected for a review process called "Verification" and our records indicate that your parents will not file a 2023 tax return.

What you need to do:

1. Have your parent(s) complete this form. Please make sure no fields are left blank. Sign and submit the document to the UHD Office of Scholarships and Financial Aid.
2. If applicable, submit parent W2s from the 2023 tax year.
3. If any required documents are *not* attached to this form, your verification process will be considered incomplete and will not be reviewed until all applicable documents are received.

Step 1: Confirm Parent Filing Status

<input type="checkbox"/>	I (We) have filed a 2023 Federal Income Tax Return. I have attached an IRS Tax Return Transcript.
<input type="checkbox"/>	I (We) will file a 2023 Federal Income Tax Return and will submit an IRS Tax Return Transcript upon completion. I understand that my student's verification process will remain incomplete until my Tax Return Transcript has been received and reviewed by the UHD Office of Scholarships and Financial Aid.
<input type="checkbox"/>	I (We) do not have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number and therefore can't file a tax return or request the IRS Verification of Non-Filing Letter.
<input type="checkbox"/>	I (We) will not file a 2023 Federal Income Tax Return, and I am not required to file a return. I (We) attempted to obtain the Verification of Non-Filing Letter from the IRS or other tax authorities and was unable to obtain the required documentation.

Step 2: Parent Income Information

<input type="checkbox"/>	I (We) was unemployed during the 2023 tax year and had no income earned from work.	
<input type="checkbox"/>	I (We) was employed during the 2023 tax year and earned wages. I have attached all W2s from each employer or income provider.	
	Employer Name or Income Provider	Parent Amount

Each person signing this form certifies that all the information reported on it is complete and correct. I understand I may be asked to provide documentation to support the information reported on this form.

Student Signature

Date

Parent Signature

Date

(Blue or black ink, no electronic signatures accepted)