

University of New Orleans
Office of Student Financial Aid

2007-2008: ZERO INCOME VERIFICATION FORM

According to the Federal Processing Center, you reported zero (\$0) income for yourself and/or a family member on your Free Application for Federal Student Aid (FAFSA). In order to continue the verification process of your file, you and/or your family member must complete and return this form to the UNO Office of Student Financial Aid.

Student: _____ Student ID# _____

Please provide information pertaining to the person(s) reporting zero income:

Name	SS #	Relationship to Student	Year Zero Income Occurred

Did you receive any untaxed income in 2006? Yes No. If yes, please indicate the source and amount:

Income Source	Amount of Untaxed Income Received in year 2004

Did you file a Federal Income Tax Return for the 2006 tax year? Yes No.

- If **yes**, please submit a signed copy of your tax return.
- If **no**, please explain **in detail** your circumstances and specify how you are/were able to support yourself/your family with zero income. You must **include monetary amounts** such as money received, or any money paid on your behalf (e.g. bills or other misc. expenses). Also, please submit a copy of you and/or your family member(s) 2006 **Wage Record File** from the *Louisiana Work Department of Labor Unemployment Office* (Contact Number: 1-866-783-5567) **or submit a Notarized statement acknowledging the monetary expenses received.** For additional space, you should use the reverse side or attach an additional letter. ***Our office reserves the right to ask for additional documentation if your explanation does not prove your situation.***

****WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. ****
****By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. ****

Student's Signature: _____ Date: _____

If applicable, the following family member must sign and date:

Parent's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____