Mount Saint Mary College
NEWBURGH, NEW YORK | LEADING • CARING • INNOVATING

# Verification Non-Filer/Low Income 2026-2027

**Student's Name**: _____**SSN or Student Mount ID#**_____

You or your parent(s) have reported an unusually low income for your family and/or yourself in 2024. Please explain how your family was supported on the income you received. **By completing this document, I certify neither I or my parent have not filed and not required to file a 2024 income tax return, and I have listed all income earned from work, other income, and resources for the 2024 tax year.** The parent information must be completed if you were required to submit parent information on the FAFSA. If you are married, you need to submit information about you and your spouse. We cannot continue to process your application for financial aid until we receive this completed form. **DO NOT LEAVE BLANKS**.

## Section 1: Monthly Income

| **Monthly Income** | **Monthly Income (Student/spouse)** | **Monthly Income (Parent)** |
|---|---|---|
| Earnings from work *(W-2; 1099's) | $ _____ | $ _____ |
| Benefits *(Unemployment, social security, etc.) | $ _____ | $ _____ |
| Additional Support (from family or friends for room and board and other expenses) | $ _____ | $ _____ |
| **Total Monthly Resources** | $ _____ | $ _____ |

**Send copies of W-2's, 1099's, Unemployment, etc.*

## Section II: Monthly Costs

**(If you or your parent(s) live with someone else, indicate the portion of rent or mortgage that supports you and/or your parent(s))**

| **Monthly Expenses** | **Monthly Amount** | **How was this paid for and by whom?** |
|---|---|---|
| Mortgage/Rent | $ _____ | _____ |
| Food | $ _____ | _____ |
| Utilities (cell phone, gas, water, electric, etc) | $ _____ | _____ |
| Travel (car, gas, insurance, bus/train pass, etc.) | $ _____ | _____ |
| Miscellaneous _____ | $ _____ | _____ |
| **Total Monthly Expenses** | $ _____ | |

**Total Monthly Expenses for 2024 should be less than or equal to your Monthly Income for 2024. If it is not, you must attach and explanation and documentation on how you meet your average monthly expenses to this form.** (Ex. Budget letter from the SSA**,** letter of support)

If you do not have Monthly Expenses, please attach a signed letter explaining how you lived with no expenses.
I certify that all of the information reported above is complete and accurate.

Student's Signature _____ Date: _____

Parent's Signature: _____ Date: _____
(Required for all Dependent Students)

**Return the form to Mount Saint Mary College, Student Financial Services, 330 Powell Ave, Guzman Hall 2nd floor, Newburgh NY 12550 or FAX to 845-569-3302.**