P: 616.395.7765 | F: 616.395.7160 finaid@hope.edu hope.edu/financialaid

Non-Tax Filer Statement - Student

2026-2027

Student Name:	Hope College ID Number:	
We are reviewing your 2026-27 financial aid applica and certifications below apply to the student and sp and spouse will not file and are not required to file	oouse (if the student is married). (Complete this section if the student
Check the boxes that apply:		
O The student and/or spouse were not empl	oyed and had no income earned f	rom work in 2024.
 The student and/or spouse were employed amount earned from each employer in 202 provided. Provide copies of all 2024 IRS W-2 formulation. List every employer even if the employer. 	24, and whether an IRS W-2 form ms issued to the student and their	or an equivalent document is
If more space is needed, provide a separate page w	rith the student's name and ID nu	mber at the top.
Employer's Name	IRS W-2 or an Equivalent Document Provided?	Annual Amount Earned in 2024
Total Amount of Income Earned from Work		\$
Certifications and Signatures Each person signing below certifies that all of the information was reported on the FAFSA must sign as you may be fined, sent to prison, or both.	nd date. Warning: If you purposely	correct. The student whose
Student Signature: (signature must be in ink)	Date Signed:	
(signature must be in ink)	ı	
Spouse Signature (if applicable):	Date Signed:	

(signature must be in ink)