



Lincoln Land Community College

2026-2027
PARENT SPOUSE FOREIGN NON-TAX FILING
STATUS VERIFICATION FORM

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-786-2237.

www.llcc.edu/financial-aid

Return completed form to:

LLCC Financial Aid
5250 Shepherd Road
Springfield, IL 62703

financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.

217-786-2229 fax

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)

SSN OR STUDENT ID

DATE OF BIRTH

Why We Are Conducting a Verification of Your Non-tax Filing Status

Federal law states that we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and this document, our office may need to make corrections to your FAFSA. If we have reason to believe the information is inaccurate, we may request certification from the IRS.

Complete and sign this form. If you are a dependent student, a parent must sign this form as well (a parent listed on the FAFSA). In order to avoid delaying your financial aid determination, this completed verification form should be submitted to our office as soon as possible.

Income Information

Other parent, check one box:

I (parent spouse) was not employed and had no income earned from work in 2024.

I (parent spouse) was employed in 2024 and have listed below the names of all employers and the amount earned from each employer.

Provide signed W-2 forms or other work-related 1099-MISC forms from 2024 or equivalent documents.

List income only if a tax return was not filed. (Social Security income is not considered income.)

EMPLOYERS/SOURCES OF INCOME (USE W-2 FORMS OR OTHER WORK-RELATED 1099 FORMS)	TOTAL \$ AMOUNTS RECEIVED IN 2024

Individuals without SSN, ITIN or EIN ONLY

I (parent spouse) do not have a Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).

Certification and Signature

By signing this form, I (we) certify that all the information reported on this form is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you may be fined and/or sentenced to jail.

STUDENT SIGNATURE (REQUIRED – Sign printed form.)

DATE

PARENT SIGNATURE (REQUIRED – Sign printed form.)

DATE