



**AMERICAN SAMOA COMMUNITY COLLEGE**

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799

Telephone: (684) 699-9155 ext 313, email: faid@amsamoa.edu

**2021—2022  
Non-Tax Filer Income  
& Resources**

**STUDENT INFORMATION**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Student ID # or Social Security No.

**INSTRUCTIONS:** This form will be used by the American Samoa Community College (ASCC) Financial Aid Office (FAO) to document 2019 income and resources received for those who **WILL NOT file a 2019 Federal Tax Return.** Non-tax filers will be required to complete this form if the applicant for financial aid has either been selected for verification by the federal processor or upon discretion of the FAO to substantiate 2019 income and resources due to inconsistent or incomplete information previously submitted to the office. This form may be used by more than one person. Anyone providing information on this form must sign the bottom of the page. To complete this form, **list the TOTAL (not monthly) amounts received for the 2019 calendar year, January 1<sup>st</sup> through December 31<sup>st</sup>.** Complete all line items in one or both columns as applicable placing a “0” if there is no income or resource received. When completed, return this form to the FAO.

**2019 INCOME & RESOURCES**

	<b>Student/Spouse</b>	<b>Parent(s)</b>
Earnings from Work	_____	_____
Interest/Dividend Income	_____	_____
Alimony Received	_____	_____
Business/Farm Income	_____	_____
Capital Gains	_____	_____
Pensions/Annuities (Exclude Rollover Pensions)	_____	_____
Rental Income	_____	_____
Unemployment Compensation	_____	_____
Social Security Benefits	_____	_____
Welfare Benefits, including TANF (do not include Food Stamps)	_____	_____
Child Support Received	_____	_____
Workers Compensation	_____	_____
Veterans Non-Education Benefits (Disability, DIC, Death Pension)	_____	_____
Room/Board in Exchange for Work	_____	_____
Cash/Money Paid on your behalf	_____	_____
Black Lung Benefits	_____	_____
Refugee Assistance	_____	_____
Untaxed Portion of Railroad Retirement Benefits	_____	_____
Other Income: _____	_____	_____
<b>TOTAL 2019 NON-TAX FILER INCOME &amp; RESOURCES</b>	_____	_____

**CERTIFICATION AND SIGNATURE**

*I/We certify that a 2019 Federal Income Tax Return has not been, or will not be filed and the above information is correct.*

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student's Signature      Date

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature      Date