



Office of Financial Aid

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 24PSTN
320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

Parent Spouse 2024 Federal Non-Filer Status Statement

Student's Last Name First MI Lander ID (L#)

Parent/Stepparent 1 Name: Parent/Stepparent 2 Name:

The instructions and certifications below apply to each parent included in the household. Complete this section if the parents will not file and are not required to file a 2024 income tax return with the IRS.

Please confirm that you were not required to file by checking the appropriate box below:

- Neither parent was employed, and neither had income earned from work in 2024.
One or both parents were employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form or an equivalent document is provided.

Table with 4 columns: Employee ('Parent' or 'Stepparent'), Employer's Name, IRS W-2 Provided by Employer? If not, why?, Annual Amount Earned in 2024. Includes an example row for ABC's Auto Body Shop.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Please list other sources and amount of income you received: (Disability \$ /mo, SNAP \$ /mo, TANF \$ /mo, WIC \$ /mo, Workers' Compensation \$ /mo):

If none of these sources of funding were received and no income reported, please briefly explain how the household is supported below:

Certifications and Signatures: I certify that my parent/stepparent did not file and was not required to file a 2024 federal tax return and that all of the information reported is complete and correct.

Student's Signature digital signature not accepted Date Phone #

Parent's Signature (If dependent) digital signature not accepted Date Phone #

Table with 4 columns: DATA ENTRY, Financial Aid Office Use Only (COUNSELOR REVIEW), and two empty columns. Rows include RRAAREQ, Initials/date, and Fwd to CNSLR date.