LANDER UNIVERSITY

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

Parent(s) 2024 Foreign Income Verification

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

Parent/Stepparent 1 Name: _____ **Parent/Stepparent 2 Name:** _____

To complete verification and determine eligibility for federal student aid, we must verify the **student's parents/stepparents' 2024** income on the FAFSA.

1. **Check appropriate situation below:**

   - ☐ **If parent/stepparent filed a foreign tax return in 2024,**
     - ☐ provide a copy with a translation to English and a conversion to U.S. Dollars
     - ☐ for each parent, submit a **wage-earning summary** from each employer for **January 1, 2024 – December 31, 2024**
   - ☐ **If parent/stepparent had income in 2024, but taxing authority in country of residence doesn't provide a free tax return transcript:**
     - ☐ submit a **wage-earning summary** from each employer for **January 1, 2024 – December 31, 2024,** AND
     - ☐ complete the chart and certification below.
   - ☐ **If parent/stepparent did not have income in 2024**
     - ☐ Provide a verification of non-filing letter from the taxing authority of your country of residence **OR**
     - ☐ **If the taxing authority doesn't provide a letter of non-filing or there is no taxing authority in the country of residence,** complete the certification below:

       I hereby certify that either my country of residence does not have a taxing authority OR I have contacted the taxing authority and confirmed that it does not provide proof of non-filing. By signing this statement, I certify that all information is complete and correct.

       _____ _____
       Signature(s) of Parent Non-Filer **Date** **Phone #**

2. **List of income in chart below:**

Employee Name ("Parent" or "Stepparent")	Employer's Name or Source of Income	Annual Amount Earned in 2024
	(Example) ABC's Auto Body Shop	*$4,500.00*

By signing this form, I certify that all information is complete and correct.

_____ _____
Signature(s) of Parent **Date** **Phone #**

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)	
RRAAREQ	N=Pending Review; I=Incomplete	2627 FSAH AVG FAFSA Specifications Guide Comment Codes 076 096 303	
Initials/date Fwd to CNSLR date		COUNSELOR INITIAL/DATE	