LANDER UNIVERSITY

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

Student's Spouse's 2024 Federal Non-Filer Status Statement

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

You indicated on your Free Application for Federal Student Aid (FAFSA) that your spouse did not file and were not required to file a federal income tax return for 2024.

Student's Spouse's Name: _____

Check the box that applies:

☐ My spouse was NOT employed and had NO income earned from work in 2024.

☐ My spouse was employed in 2024, and I 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. [Provide copies of all 2024 IRS W-2 forms issued to the spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

Employee (STUDENT'S SPOUSE)	Employer's Name	IRS W-2 Provided by Employer? If not, why?	Annual Amount Earned in 2024
	(Example) ABC's Auto Body Shop	*Yes*	*$4,500.00*
		Total Amount of Income Earned From Work	**$**

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 I did not file and was not required to file a 2024 federal tax return and that all the information reported is complete and correct.

Student's Signature *digital signature not accepted* **Date** **Phone #**

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)	
RRAAREQ	N=Pending Review;	2627 FSAH AVG	xxSPTN
Initials/date			xxSPW2
Fwd to Counselor date			