

REQUIRED (PLEASE PRINT)

TPNFS

NORTH·SHORE
COMMUNITY COLLEGE

SSN: ____ - ____ - ____ - ____ - ____ - ____

LAST NAME: _____

FIRST NAME: _____

STUDENT FINANCIAL SERVICES
One Ferncroft Road, Danvers, MA 01923-0840
(978) 762-4189 or (781) 477-2191
www.northshore.edu

PARENT(S) NON-FILER STATEMENT

2008-2009 School Year

List parent'(s) employer(s) and the amount of money earned. List any other sources of income and the amount received in 2007 (from Jan 1, 2007 through Dec 31, 2007).

A. 2007 EMPLOYER

AMOUNT RECEIVED

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

SUBTOTAL A \$ _____

B. OTHER 2007 SOURCES OF INCOME

Payments to tax-deferred pension and saving plans
(paid directly or withheld from earnings). Include 401(K)
and 403(B) plans.

\$ _____

AFDC/ADC

\$ _____

Other welfare benefits (except AFDC/ADC)

\$ _____

Veterans non-education benefits such as death pension
and Dependency Indemnity Compensation (DIC)

\$ _____

Cash support or any money paid on your behalf

\$ _____

Housing, food, and other living allowances
(excluding rent subsidies for low-income housing)
paid to members of military, clergy, and others; include
cash payments and cash value of benefits.

\$ _____

OTHER 2007 SOURCES OF INCOME (CONTINUE FROM FRONT SIDE)

Workers Compensation \$ _____

Social Security Benefits \$ _____

Child Support Received \$ _____

Interest Income \$ _____

Dividend Income \$ _____

Alimony Received \$ _____

Any other untaxed income and benefits such as
Black Lung Benefits, Refugee Assistance, railroad
retirement benefits, Job Training Partnership Act,
non-educational benefits, etc. \$ _____

SUBTOTAL B: \$ _____

TOTAL INCOME & BENEFITS (ADD SUBTOTALS A & B) \$ _____

SIGN THIS WORKSHEET

By signing this worksheet, I certify that all the information reported to qualify for financial aid is complete and accurate.

WARNING: *If you purposely give false or misleading information on this worksheet, you may be subject to a fine, a prison sentence, or both.*

Mother's Signature

Date

Father's Signature

Date

Please complete and return this form to the NSCC Office of Student Financial Services within 10 days of receipt. Your file may become inactive or you may experience delays in processing if you fail to return this form in a timely manner.