

**REQUIRED (PLEASE PRINT)**

*TSNFS*

**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

**STUDENT/SPOUSE NON-FILER STATEMENT - 2008-2009**

List your and your spouse'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)** \$ \_\_\_\_\_

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**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.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Please complete and return this form to the Enrollment Center/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.