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### Certification of Non-Filing Federal Tax Return and Financial Resources Received

The purpose of this form is to document how you were able to cover basic living expenses if you were not required to file a 2016 Federal Tax Return. This form **must** be completed, signed at the bottom, and returned to: **River Valley Community College, Attn: Financial Aid Office, 1 College Place, Claremont, NH 03743** Or you may fax it to 603.543.1844.

#### A. Statement of Financial Resources (Calendar Year 2016)

Financial resources received during the period of 01/01/2016 through 12/31/2016 were from the sources listed below:

**Student/Spouse (if appropriate)**

**Parent(s)**

#### Financial Resources\*

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

\*List names(s) of employers. Students need not list Federal Work Study earnings.

#### Other Financial Resources

(Please provide supporting documentation, Example: Annual statement)

(Indicate "\$0" if not applicable)

\$ _____	Child Support received for all children. Don't include foster care or adoption payments.	\$ _____
\$ _____	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$ _____
\$ _____	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-study allowances.	\$ _____
\$ _____	Any other untaxed income or benefits not reported elsewhere on FAFSA such as Worker's Compensation, untaxed pensions, etc. Don't include student aid, Workforce Investment Act educational benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans.	\$ _____
\$ _____	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form	\$ _____
\$ _____	Social Security Benefits	\$ _____

#### B. Certification Statement and Signatures

I (We) am not required to file a 2016 Federal Tax Return.

I (We) certify that all the information reported on this form and on any attachments is true, complete and accurate to the best of my/our knowledge. I (We) understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Last 4 digits of Soc Sec# \_\_\_\_\_

(Printed)

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_