Student Name:

Office of Financial Aid 100 East 8th Street, Suite 230 Holland, MI 49423 P: 616.395.7765 | F: 616.395.7160 finaid@hope.edu hope.edu/financialaid

Non-Tax Filer Statement - Parent

2026-2027

Hope College ID Number:

instruct	reviewing your 2026-27 financial aid applicatio ions and certifications below apply to each pare will not file and <u>are not required</u> to file a 2024	ent included in the household. (•	
Check	the boxes that apply:			
0	O Neither parent was employed, and neither had income earned from work in 2024.			
0	One or both parents were employed in 2024 and 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 parents by their employers List every employer even if the employer did not issue an IRS W-2 form.			
If more space is needed, provide a separate page with the student's name and ID number at the top.				
Employer's Name		IRS W-2 or an Equivalent Document Provided?	Annual Amount Earned in 2024	
Total Amount of Income Earned from Work			\$	
Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct. The parent whose information was reported on the FAFSA must sign and date. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.				
Paren	t Signature:	Date Signed:		
	(signature must be in ink)			
Parent Signature:		Date Signed:		
	(signature must be in ink)			