



FINANCIAL AID OFFICE
1000 East Victoria Street, WHB250
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents. REMINDER: When uploading your documents to the DropBox, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

Be sure to include your CSUDH student ID number on the front and back of each page submitted and allow 24-48 hours for your To Do List to be updated.

Submission Instructions

In the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid Office. Forms that are incomplete will remain on your To-Do list in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type your name and in the date space type today's date.
2. Save your document. Name your document with your Initials and CSUDH ID #
3. If you have attachments, please have them ready to upload to the DropBox
4. Return to the Financial Aid Forms section to the "Submit My Documents link"
5. Once all documents have been submitted, be sure to close your browser.



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 finaid@csudh.edu

F21EXC

2020-2021 Non-Filing Letter-Exception

I was not required by federal law to file a 2018 income tax return with the IRS. I attempted to obtain an IRS Verification of Non-Filing Letter (VNF) and was unable to obtain the required documentation because of the following:

Check all that apply:

I have a Social Security Number (SSN), Employer Identification Number (EIN), or Individual Tax Payer Identification Number (ITIN) and the IRS could not provide the Verification of Non-Filing Letter;

OR

I do not have a Social Security Number (SSN);

I do not have an Individual Tax Payer Identification Number (ITIN); and

I do not have an Employer Identification Number (EIN).

REQUIRED: Listed below are all sources of income either earned, received, or paid on my behalf and the amounts received in 2018.

Source (name of employer, person, agency, etc.)	Type (work, benefits, family assistance, financial aid, etc.)	Total Amount Received in 2018 (please specify if amount listed is per month or per year)

CERTIFICATION AND SIGNATURE

The person signing below certifies their information was reported on the FAFSA or California Dream Act Application for the above named student, and that all all of the information reported is completed and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

 Printed Name of Non-Filer

 Relationship to Student

 Non-Filer's Signature (Required)

 Date