



DEPENDENT STUDENT NON-TAX FILER STATEMENT

Please complete and return this form to the Office of Financial Aid
with a copy of your W2 from each employer.

I, _____ (name),
had earnings of \$_____ in the year 2024. I did not, and was
not required to file a Federal Income Tax Return.

Source/s of Income: _____

Student Signature

SS# or Student ID#

Date

St. Joseph's University Attn: Office of Financial Aid
Long Island and Online Campuses
155 West Roe Boulevard
Patchogue, NY 11772
FAX: 631-650-2525
PHONE: 631-687-2600

Brooklyn Campus
245 Clinton Avenue
Brooklyn, NY 11205
FAX: 718-940-5312
PHONE: 718-940-5700