



2026-2027
FAC26SNF

Student Name: _____ JC ID #: _____

Spouse Name: _____ Date: _____

Spouse Social Security #: _____

Choose **one** of the following two options:

Option 1: Spouse Non-Filer (No earned income or wages):

_____ not required to file a 2024 income tax return.

Print Name

Please list the sources and amounts of earnings, other income, and resources that supported the individual(s) for the 2024 tax year.

• Source:	○ Amount \$
• Source:	○ Amount \$
• Source:	○ Amount \$

Spouse Signature

Student Signature

Option 2: Spouse Non-Filer (Earned income and non-filer):

_____ was employed in 2024 tax year and has reported wages but was not required to file federal taxes with the IRS. The student has listed all of their employers and associated wages earned on the accompanying verification worksheet.

A copy of IRS Form W-2, or an equivalent document, for each source of 2024 employment income received by the student is attached to this document.

Spouse Signature

Student Signature

Upload to Secure Documents: www.jccmi.edu/securedocument
Choose Financial Aid Department under Central Location
517.796.8410