2026-2027
Non-file For Reasons Other Than Low Income

Financial Aid Department
Phone: 910-938-6749
Fax: 910-938-6717
Email: finaid@coastalcarolina.edu

Print Student's Name _____ Student's ID Number _____

Check one of the following:

☐ Parent 1 on the 2026-27 FAFSA indicated that they did not file a 2024 tax return for reasons other than low income. Please explain the reason below. If you need more room, continue on back of this form.

☐ Parent 2 on the 2026-27 FAFSA indicated that they did not file a 2024 tax return for reasons other than low income. Please explain the reason below. If you need more room, continue on back of this form.

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Certification and Signatures

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

_____ _____

Student's Signature (Required) Date

_____ _____

Parent's Signature (Required) Date

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