

Office of Financial Aid

220 Doberstein Admissions Center 320 N Dupont Highway New Castle, DE 19720

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2025-2026 Non-Filer Statement

| | | | () | | W00 | W00 | |
|--|--|--|-----------------|---|--|------------------------------|-------------|
| Last Name | First M.I. | | | Phone No. | | Student I.D. | |
| Check the appropriate box | (or boxes) to indicat | te whether a | 2023 Federal Ir | ncome Tax Retur | rn did not have to be file | d by the individu | al selected |
| ☐ You (the | student) | Your S | oouse | ☐ P | arent 1 | Parent 2 | |
| Please provide 2023 income and employers below. List every employer even if the employer did not provide an | | 15 50 | | AND at the end of 2023 | THEN file a retu | | |
| IRS W-2 form. Attach copi | | | | g status is | you were* under 65 | income** was a | |
| · · | | | Single | | 65 or older | 15,7 | |
| forms issued to you. <u>If you (or your parent(s) were not</u> employed in 2023, you must provide your income sources | | | Married filing | g iointly*** | | 700 200 | |
| such as family support and/or government benefits (SSI, | | | | | 65 or older (both spouses) | 30, | |
| TANF, SNAP, Section 8). THERE MUST BE DOLLAR | | | Married filing | g separately | any age | 000 | \$5 |
| AMOUNTS LISTED. IF THIS FORM IS SUBMITTED | | | Head of hous | ehold | under 65 65 or older | \$20,1 22,0 | |
| WITHOUT DOLLAR AMOUNTS, IT WILL BE CONSIDERED | | | Qualifying su | urviving spouse | under 65 65 or older | \$27,° 29,° | |
| INCOMPLETE AND RETUR | NED TO YOU, THE S | TUDENT. | | | | | |
| authorities and was | | ic required | | • | | | |
| Student and/or Spous | | W2 | \$ Rec'd | T | nt(s) Employer(s) | W2 | \$ Rec |
| | | 1 | | T | nt(s) Employer(s) | W2 Attached? | \$ Rec |
| | | W2 | | T | nt(s) Employer(s) | | \$ Rec |
| Student and/or Spous | | W2 | | Pare | nt(s) Employer(s) Other Income Source(| Attached? | \$ Rec |
| Student and/or Spous | e Employer(s) | W2 | | Pare | | Attached? | \$ Rec |
| Student and/or Spous Other Incom | e Employer(s) me Source(s) | W2 | | Pare | Other Income Source(| Attached? | \$ Rec |
| Other Incom Family Support Government benefits | me Source(s) | W2 Attached? | | Pare Family 9 | Other Income Source(Support ment benefits (type) | Attached? | \$ Rec |
| Other Incom Family Support Government benefits | me Source(s) s (type) TANF Section 8 | W2 Attached? | | Pare Family S Governr SNAP SS | Other Income Source(Support ment benefits (type) | Attached? Section 8 | \$ Rec |
| Other Incom Family Support Government benefits SNAP SSI WIC 1 | me Source(s) s (type) TANF Section 8 | W2 Attached? | | Family S Governm SNAP SS | Other Income Source(Support ment benefits (type) SI | Attached? Section 8 | \$ Rec |
| Other Incom Family Support Government benefits SNAP SSI WIC Emergency Rental/U | me Source(s) s (type) TANF Section 8 | W2 Attached? | | Family S Governm SNAP SS Emerge Child Su | Other Income Source(Support ment benefits (type) SI | Attached? Section 8 | \$ Rec |
| Other Incom Family Support Government benefits SNAP SSI WIC Emergency Rental/U Child Support receive | me Source(s) s (type) TANF Section 8 | W2 Attached? | | Family S Governm SNAP SS Emerge Child Su | Other Income Source(Support ment benefits (type) SI WIC TANF ency Rental/Utility Ass pport received Received | Attached? Section 8 | \$ Rec |
| Other Incom Family Support Government benefits SNAP SSI WIC Emergency Rental/U Child Support received Alimony Received | me Source(s) s (type) TANF Section 8 | W2 Attached? | | Family S Governr SNAP SS Emerge Child Su Alimony | Other Income Source(Support ment benefits (type) SI | Attached? Section 8 | \$ Rec |
| Other Incom Family Support Government benefits SNAP SSI WIC Emergency Rental/U Child Support received Alimony Received | me Source(s) s (type) TANF Section 8 Utility Assistance ed Total Amount F | w2 Attached? Graph of the control o | \$ Rec'd | Pare Family 9 Governmont SNAP SS Emerge Child Su Alimony Other (exiting form, to | Other Income Source(Support ment benefits (type) SI | Attached? Section 8 istance | \$ |