

**Student Name** 

Spouse Signature: \_\_\_\_\_

## **Financial Aid Office**

2405 E. College Way – Lewis 121 Mount Vernon, WA 98273

Phone: MV-360.416.7666/WIC-360.679.5320

Fax: MV-360.416.7886/WIC-360.679.5375

## **2025-2026 CERT OF NON-FILING 2023 - SPOUSE**

Student ID#

Spouse Name		
I certify that I:		
Have attempted to obtain the Verification authorities and was unable to obtain the i	<b>.</b> ,	er tax
2. Did not file and had no income from work	c, or	
<ol> <li>I did not file a 2023 Tax Return AND I am r income earned from working (complete the W2s or equivalent documentation):</li> </ol> Employer		
Linployer		
	\$	
	1	
	\$	
	\$ \$	

SVC FINANCIAL AID OFFICE USE ONLY		
		INITIALS
		& DATE:

(Handwritten signature is *required*)