MORAVIAN UNIVERSITY

2026-2027 Parent Non-Tax Filing Form

The purpose of this form is to verify that the information reported on your student's 2026–2027 Free Application for Federal Student Aid (FAFSA) is correct and complete. To do so, we will compare your FAFSA with the information you provide on this worksheet, as well as any other documents requested in conjunction with this form. If differences are found, we will correct your student's FAFSA accordingly. Please complete this form in its entirety. Once you complete the form, you may be asked for supplemental information, which should be promptly provided to the Office of Financial Aid Services for processing.

A. Student & Parent Information

Student's Full Name: _____ Moravian ID: _____

Parent's Full Name & Email: _____

By completing this document, I certify that neither parent has filed nor is required to file a 2024 income tax return, and all their income earned from work, other income, and resources for the 2024 tax year are listed below.

☐ **Parent was not employed, had no income earned from work ($0), and was not required to file a 2024 Federal Tax Return.**

☐ *One or both of my parents were employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form, or an equivalent document is provided. [Provide copies of all 2024 IRS W-2 forms issued to your parents. List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, provide a separate page with your name and ID number at the top.]*

Check the box above that applies to you.

Employer Name	Earnings From Work	W-2 Form Attached? Y/N

If additional room is needed, please provide this information on the back of this form or using a separate piece of paper. Please include the student's name and Moravian ID on the separate page.

C. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

_____ _____
Student Signature Required (*no typed signature permitted*) Date

_____ _____
Parent Signature Required (*no typed signature permitted*) Date

Please return your completed form to the Office of Financial Aid Services via:

Mail (1200 Main Street Bethlehem, PA 18018) Fax (610-861-1346)

Electronically though Xmedius SendSecure In-person (1st floor Colonial Hall)