MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

Academic Year 2018-2019 Spouse 2016 Non-Tax Filers Statement

| Student's Name: Soc | ial Security #: |
|---|---|
| THIS FORM IS FOR SPOUSE ONLY – DO NOT COMPLETE IF YOU FILED A 2016 TAX RETURN | |
| I did not file a 2016 U.S. Federal Income Tax Return. All ir Academy's Financial Aid Office, which will be used to calcul complete and correct to the best of my/our knowledge. | |
| Place a ☑ next to each of the federal benefit programs listed below as reported on the FAFSA) received anytime during the year 201 | |
| □ Supplemental Security Income (SSI) □ Food Stamps □ Free or Reduced Lunch □ TANF □ WIC My/our total income and benefits for 2016 was/were derived from | m the following sources: |
| Sources of Income/Benefits for 2016 | Total Amount of Income Benefits (If item does not pertain to you, write "0" or "N/A") |
| Wages, Salaries, Tips, etc. (Attach copies of W2's) | \$ |
| Interest/Dividend Income | \$ |
| TANF | \$ |
| Child Support received for ALL children | \$ |
| Retirement Income | \$ |
| Social Security (also include amounts received "FOR" children |) \$ |
| Workers' Compensation | \$ |
| Unemployment Compensation | \$ |
| Welfare Benefits (except food stamps) | \$ |
| Alimony | \$ |
| Veterans Non-education Benefits (such as Death Pension, DIC, etc.) | |
| Other untaxed income or benefits not reported elsewhere on thi form. Specify: | s \$ |
| "Current" Marital Status: | ue and complete to the best of my/our knowledge. If |
| Spouse's Signature: | Date: |

Castine, Maine 04420