

Primary Care Loan & Loans for Disadvantaged Students

omplete this form to accompany your P	CL/LDS application if you did no	t file taxes for calendar year 2021.
Student Name:	Student ID:	Phone #:
Address:	City, 5	St, Zip:
mportant Information		
All income information on this form is	regarding any and all income	from calendar year 2020.
 Collect copies of your 2021 W-2 	2's.	
 Complete and sign this form—t 	he student must sign this form	n.
Talk to your financial aid advisor	if you have questions about com	npleting this form.
Submit the completed form a	nd all W-2's to the Office of Stu	udent Affairs & Admissions.
Student Income		
Please check one of the following:		
I have attached my W-2's to this	s form as proof of my income.	
I worked but did not receive a V	V-2.	
I did not work.		
Please list the source of your income and	d/or employment and the amoun	t received or earned.
	Source	Amount
Of the amount state above, my 202	0 income from UND student employ	yment was \$
I have not filed and will not file a 2021 I Aid Report, which will be used to calcul		040A/1040EZ. All information on the Student ance, is complete and accurate.
I affirm the information provided on this income.	s form and any documentation sub	omitted is a true and accurate reflection of m

