



State of Illinois
Illinois Department on Aging



Non Filing Statement

Date: _____

To Illinois Department on Aging, Benefits Access Program:

This letter is in support of my Illinois Benefit Access Application, and the request for a copy of my most recent income tax filing.

Based on my income and the filing requirements, I was not required to file tax returns for the most recent filing year; therefore, I did not file federal or state tax returns.

Under penalties as provided by law pursuant to 735 ILCS 5/1-109, I certify that the information in this letter is true and correct.

Signature: _____

Printed Name: _____

Address: _____

Date of Birth: _____

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The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at
1-800-252-8966; 711 (TRS).