

**Applicant Information**

 \_\_\_\_\_  
**First Name**

 \_\_\_\_\_  
**Last Name**

 \_\_\_\_\_  
**School**

Please complete this Income Verification Worksheet for Non-Filers if your family did not file 2016 tax returns. You and at least one parent must complete and sign this worksheet, and submit the form to the Cooperman College Scholars team by email to [financialdocs@coopermanscholars.org](mailto:financialdocs@coopermanscholars.org) or by fax to (973) 741-2434. **Submit this form before the Dec. 4<sup>th</sup> Deadline.**

**A. 2016 Income Information to Be Verified – check the box that applies.**

- The parent(s) was not employed and had no income earned from work in 2016.
- The parent(s) was employed in 2016 and did not file taxes.

**B. Please complete the monthly expense and resource statement below.**

Report the *actual* monthly dollar amount paid in 2016 for each expense. If the expenses vary in amount from month to month, provide the monthly average for 2016. If you enter “zeroes” in all fields you must provide an explanation of how you support yourself/your family or the form will not be processed. If you do not have expenses for one of the categories, enter NA in that space.

Expenses	Expenses for which the <u>parent</u> is responsible	Amount paid by parent	If money was received or paid on behalf of parent for monthly expenses, enter the information below:	
			Amount	Relationship of Person to You
Rent/Home Mortgage and Property Taxes	\$	\$		
Utilities (phone, gas, electric, water, etc.)	\$	\$		
Food and Household Supplies	\$	\$		
Car Payments/Gas/Insurance	\$	\$		
Public Transportation	\$	\$		
Health Insurance	\$	\$		
Child Care/Clothing	\$	\$		
Other	\$	\$		
<b>Total Monthly Expenses</b>	\$	\$		

**C. 2016 Monthly Resource List**

List the outside resources you received to pay your monthly expenses listed in Section B above. These outside resources could include:

- 2016 wages: *List every employer even if they did not issue an IRS W-2 form.* If the employer issued a W-2 form, please attach copies of all 2016 IRS W-2 forms issued by employer(s).
- Unemployment wages (Please attach Form 1099-G)
- Disability and Social Security benefits (Form SSA-1099)
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA), Rental Assistance (Section 8, TRA), child support, etc.

Resources or Employer's Name	2016 Amount Received Per Month	Documentation ** Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>	<i>Yes (IRS W-2)</i>
<i>United Rail Unemployment Payment (example)</i>	<i>\$750.00 (example)</i>	<i>Yes (Form 1099)</i>

**\*\*Please provide copies of the above income documents.**

**D. Proof of Residency**

If the document(s) you have attached do not list your address, please also share proof of Essex County residency.

**E. Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name (Print):** \_\_\_\_\_