

**Applicant Information**

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

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

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

 \_\_\_\_\_  
**Parent/Guardian First Name**

 \_\_\_\_\_  
**Parent/Guardian Last Name**

 \_\_\_\_\_  
**Relationship to Student**

Please complete this Income Verification Worksheet for Non-Filers if your family did not file 2017 tax returns. You and at least one parent/guardian 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. 2017 Income Information to Be Verified – check the box that applies.**

- The parent(s) was not employed and had no income earned from work in 2017.
- The parent(s) was employed in 2017 and did not file taxes.

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

Report the *actual* monthly dollar amount paid in 2017 for each expense. If the expenses vary in amount from month to month, provide the monthly average for 2017. 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	Total Monthly Expenses	Amount paid by parent	If monthly expenses were paid by someone other than the parent/guardian, enter the information below:	
			Amount	Relationship of Person to Student
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. 2017 Monthly Resource List**

List the outside resources you received to pay your monthly expenses listed in Section B above. The total amount of these resources should equal or exceed the total amount of expenses listed in Section B. These outside resources could include:

- 2017 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 2017 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	2017 Amount Received Per Month	Documentation ** Attached?
<i>Suzy's Auto Body Shop</i> (example)	<i>\$2,000.00</i> (example)	<i>Yes (IRS W-2)</i>

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

If you entered zeroes in the Monthly Resources List above, please provide an explanation of how you/your family cover your monthly expenses: \_\_\_\_\_

**D. Proof of Residency**

If the documents you have attached do not list your address, please also share proof of Essex County residency. This could take the form of a utility bill or any other financial document addressed to your home in Essex County.

**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:** \_\_\_\_\_