UMDNJ
University of Medicine & Dentistry of New Jersey

SPOUSE'S NON-TAX FILING STATEMENT

For which academic year are you applying?
(Select one academic year)

❑ **2006 – 2007** ❑ **2007 – 2008**

Complete the statement ONLY if you did not, will not and were not required to file a federal income tax return for the previous calendar year.

Student's Name | University ID Number (UIN) | School/Class Of

Spouse's Name

Address | Apt. #

City/State | Zip Code

I hereby certify that:

1. Listed below are all my (spouse) sources of income for the previous calendar year (including income earned from work) and the specific amount obtained from each source.

SOURCE	**AMOUNT**

2. I am willing to provide documentation to certify this information, if requested.

Spouse's Signature | Date

Student's Signature | Date