



# Low-Income Matching Scholarship Program Application Non-Taxable Income Form for 2022

**Return this Form to:**

NEST Matching  
Scholarship  
P.O. Box 83529  
Lincoln, NE 68501-3529

**Overnight Mail:**

NEST Matching  
Scholarship  
3560 South 48<sup>th</sup> Street  
Lincoln, NE 68506

If you have questions, please call us at **888.993.3746**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

Complete this form if an income-earning member of a beneficiary’s household was not required to file a 2021 federal tax return. Return this completed form to the Program Manager along with your Application by **Friday, December 30, 2022**.

## 1. Applicant Information

Name: \_\_\_\_\_

## 2. Beneficiary Household Information

List each member of a beneficiary’s household, including the beneficiary or beneficiaries listed in your Application. See the NEST Low-Income Matching Scholarship Program Rules for a definition of “household.” If you need more space, attach a separate page.

| Full Name | Current Age |
|-----------|-------------|
|           |             |
|           |             |
|           |             |
|           |             |
|           |             |
|           |             |

## 3. Household Income

Combine all sources of income for each household member who received income in 2021 but was not required to file a federal tax return and list the totals below.

| 2021 Income Sources            |  |
|--------------------------------|--|
| Employment:                    |  |
| Welfare:                       |  |
| Child Support:                 |  |
| Alimony (non-taxable):         |  |
| Social Security (non-taxable): |  |
| Other (specify):               |  |
| Other (specify):               |  |

## 4. Signature

By signing below, I certify under penalties of perjury that:

I understand I may be asked to submit additional documentation to the Program Manager to support the information contained in this Non-Taxable Income Form. Failing to timely provide sufficient documentation may result in the denial of my Application.

All the information in this Non-Taxable Income Form, as well as any supporting documentation, is true, correct and complete.

### Signature and Date Required

|                        |       |
|------------------------|-------|
| <b>X</b> _____         | _____ |
| Signature of Applicant | Date  |
| _____                  |       |
| Print Name Here        |       |



**UBT**  
Union Bank & Trust  
Program Manager

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager.