

**CENTRAL PENNSYLVANIA COLLEGE**

**STUDENT UNTAXED INCOME OR NONFILER FORM  
2019-2020**

Student Name: \_\_\_\_\_ SS# or ID#: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Your financial aid will not be processed until this form is completed and returned.

From what sources did you (and/or spouse) receive income, including wages, allowances, and stipends in 2017? (Ex: social security for all members in the household, welfare, work, family, unemployment compensation, child support for all children etc...)

| <b>Sources</b>  | <b>Amount<br/>(received in 2017)</b> | <b>Monthly or<br/>Yearly Amount<br/>(Circle one)</b> |
|---|--------------------------------------|--|
| Social Security Benefits<br>(for all household members) |                                      | Monthly or Yearly                                    |
| Welfare Benefits  |                                      | Monthly or Yearly                                    |
| Child Support Received<br>(for all children)            |                                      | Monthly or Yearly                                    |
| Unemployment<br>Compensation                            |                                      | Monthly or Yearly                                    |
| Work  |                                      | Monthly or Yearly                                    |
| Family  |                                      | Monthly or Yearly                                    |
| List Other Source:                                      |                                      | Monthly or Yearly                                    |
| List Other Source:                                      |                                      | Monthly or Yearly                                    |
| List Other Source:                                      |                                      | Monthly or Yearly                                    |

Please indicate how you (and/or spouse) pay for your living expenses? (shelter, transportation, food, etc.)

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form can be returned to: Central Penn College, 600 Valley Road PO Box 309 Summerdale PA 17093 OR  
fax to 717-728-2350 OR financialaid@centralpenn.edu.