## CENTRAL PENNSYLVANIA COLLEGE

## PARENT UNTAXED INCOME OR NONFILER FORM 2020-2021

Student Name:	me Phone Number: Cell Phone Number:		
Home Phone Number:			
Your financial aid will not be processed	d until this form is comp	leted and returned.	
From what sources did <u>your parent(s)</u> vallowances, and stipends in 2018? (Ex: unemployment compensation, child suppose the suppose that the suppose the suppose that the suppose the suppose that the suppose the suppose the suppose that the suppose that the suppose the suppose t	social security for all m	embers in the househol	
Sources	Amount (received in 2018)	Monthly or Yearly Amount (Circle one)	Father/Stepfather Mother/Stepmother (please indicate whose income)
Social Security Benefits (for all household members)		Monthly or Yearly	,
Welfare Benefits		Monthly or Yearly	
Child Support Received (for all children)		Monthly or Yearly	
Unemployment 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 parent	) pay for your living exp	enses? (shelter, transpo	ortation, food, etc.)
Student Signature:		Da	te:
Parent 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.