

# CENTRAL PENNSYLVANIA COLLEGE

## PARENT UNTAXED INCOME OR NONFILER FORM 2021-2022

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 your parent(s) whose income is listed on FAFSA receive income, including wages, allowances, and stipends in 2019? (Ex: social security for all members in the household, welfare, work, family, unemployment compensation, child support for all children etc...)

| Sources                                                 | Amount<br>(received in 2019) | Monthly or Yearly<br>Amount<br>(Circle one) | Father/Stepfather<br>Mother/Stepmother<br>(please indicate whose<br>income) |
|---------------------------------------------------------|------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|
| 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                           |                                                                             |

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

\_\_\_\_\_

By signing below, I, the student's parent am verifying that I did not file taxes in 2019.

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

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](mailto:financialaid@centralpenn.edu).