CENTRAL PENNSYLVANIA COLLEGE

STUDENT UNTAXED INCOME OR NONFILER FORM 2021-2022

Student Name:		SS# or ID#:		
Home Phone Number:		Cell Phone Number:		
Your financial aid	d will not be processed until	this form is completed and	d returned.	
	es did you (and/or spouse) re all members in the househouse)			
	Sources	Amount	Monthly or	
	3001003	(received in 2019)	Yearly Amount (Circle one)	
	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	
Please indicate ho	ow you (and/or spouse) pay f	for your living expenses?	(shelter, transportation, for	od, etc.)
By signing below	, I am also verifying that I d	id not file taxes for 2019.		
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.