## CENTRAL PENNSYLVANIA COLLEGE

## STUDENT UNTAXED INCOME OR NONFILER FORM 2022-2023

| Student Name:   |                  | SS# or ID#:                   |                            |             |
|---|------------------|-------------------------------|----------------------------|-------------|
| Home Phone Number:  |                  | Cell Phone Number:            |                            |             |
| Your financial aid will not be pro  | ocessed until tl | nis form is completed and     | d returned.                |             |
| From what sources did you (and/social security for all members in for all children etc) |                  |                               |                            |             |
| Sour  | rces             | Amount                        | Monthly or                 | ]           |
|   |                  | (received in 2020)            | Yearly Amount              |             |
|   |                  | ()                            | (Circle one)               |             |
| Social Securi   |                  |                               | Monthly or Yearly          |             |
| Welfare Bene  | ,                |                               | Monthly or Yearly          |             |
| Child Suppor<br>(for all childr   |                  |                               | Monthly or Yearly          |             |
| Unemployme<br>Compensatio   | ent              |                               | Monthly or Yearly          |             |
| Work  |                  |                               | Monthly or Yearly          |             |
| Family  |                  |                               | Monthly or Yearly          |             |
| List Other So   | ource:           |                               | Monthly or Yearly          |             |
| List Other So   | ource:           |                               | Monthly or Yearly          |             |
| List Other So   | ource:           |                               | Monthly or Yearly          |             |
| Please indicate how you (and/or   | spouse) pay fo   | or your living expenses? (    | shelter, transportation, f | food, etc.) |
|   |                  |                               |                            |             |
| ☐ Please check here as verificat  | tion that you d  | id not file federal taxes for | or 2020.                   |             |
| Student Signature:  | •                |                               | Date:                      |             |