

2018-2019 UNTAXED INCOME WORKSHEET

Fill out electronically or print clearly in ink and sign where indicated. Failure to complete all fields below may delay the

Contact Information
P: 610-436-2627
E: finaid@wcupa.edu
www.wcupa.edu/finaid

disbursement of your fir	nancial aid funds.					
□Dependent Student	☐ Independent Stud	ent WCU I	D#			
First Name	Las	st Name				
For each item, please report the total amount received during 2016 If none, please enter 0. If you leave any item blank the form will be returned					2016 Total Amounts	
Tax-deferred Pension & Sav But not limited to, amounts re					Student	Parent
Child Support Received for	all children. Do not incl	ude foster care o	r adoption paymer	nts		
Housing, food, and other li Military housing or the value				on-base		
Veterans non-educational Indemnity Compensation.	benefits: such as Disab	ility, Death Pens	sion, Dependency	&		
Money received by the par not reported elsewhere	ent and/or student or	n their behalf (e	e.g. bills paid on th	neir behalf)		
Other untaxed income not Health Savings Account-104						
Did you or any member ☐ TANF ☐ SSI	of your family receive □SNAP Benefits	any of the follo □Free or Redu	_	(Check all tha	nt apply.)	
\square Nutrition Program for V	Vomen, Infants, and Chi	ldren (WIC)	□Medicaid	\square Housing	Assistance \square N	lone
List the family member(s)	name(s) receiving the l	benefits				
Certification and We certify, under penalty and any documents subm	of perjury in violation o		United States of A	America, that t	the above stateme	ents are true,
Student Signature				Date		
Parent Signature (if dep	endent)			_ Date		

Please return all documents by email or mail.

Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383

Email: finaid@wcupa.edu

Please note: we will no longer accept fax documents.