



# 2019-2020 UNTAXED INCOME WORKSHEET

**Contact Information**  
P: 610-436-2627  
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[www.wcupa.edu/finaid](http://www.wcupa.edu/finaid)

Fill out electronically or print clearly in ink and sign where indicated. Failure to complete all fields below may delay the disbursement of your financial aid funds.

☐ Dependent Student    ☐ Independent Student    WCU ID# \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

For each item, please report the total amount received during 2017 If none, please enter 0. If you leave any item blank the form will be returned	2017 Total Amounts	
	Student	Parent
<b>Tax-deferred Pension &amp; Savings plan</b> (paid directly or withheld from earnings), including But not limited to, amounts reported on the W-2 forms in Box 12a-12d codes D,E,F,G,H, and S		
<b>Child Support Received for all children.</b> Do not include foster care or adoption payments		
<b>Housing, food, and other living allowances</b> paid to clergy, and military. Do not list on-base Military housing or the value of basic military allowance for housing		
<b>Veterans non-educational benefits:</b> such as Disability, Death Pension, Dependency & Indemnity Compensation.		
<b>Money received by the parent and/or student on their behalf</b> (e.g. bills paid on their behalf) not reported elsewhere		
<b>Other untaxed income not reported</b> such as workers compensation, private disability/pension Health Savings Account-1040-line 25. Do not report Social Security, SSI, or SDD on this form.		

**Did you or any member of your family receive any of the following benefits? (Check all that apply.)**

- ☐ TANF    ☐ SSI    ☐ SNAP Benefits    ☐ Free or Reduced Lunch
- ☐ Nutrition Program for Women, Infants, and Children (WIC)    ☐ Medicaid    ☐ Housing Assistance    ☐ None

List the family member(s) name(s) receiving the benefits \_\_\_\_\_

## Certification and Signatures

We certify, under penalty of perjury in violation of the laws of the United States of America, that the above statements are true, and any documents submitted with it, are true and correct.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (if dependent)** \_\_\_\_\_ **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](mailto:finaid@wcupa.edu)

**Please note: we will no longer accept fax documents.**

Rev. January 3, 2018