



State Grant and Special Programs
Phone: 1-800-692-7392 Fax: 717-720-3786
P.O. Box 8157, Harrisburg, PA 17105-8157

OCTOBER VERIFICATION FORM
(INDEPENDENT STUDENT)

(NOTE: Deadline for returning this form to PHEAA is April 1, 2017.)

Print Student's Name

Student's Social Security Number OR Student's Account Number 2016-17

Complete the sections below, have the appropriate person(s) sign the form, and return the form to PHEAA, P.O. Box 8157, Harrisburg, PA 17105-8157 within 30 days. Do not leave any of the questions blank, IF NONE, ENTER ZEROS. Failure to complete the form in its entirety will result in the form being returned or additional verification and/or clarification may be requested.

- 1. Enter the total gross taxed income (prior to deductions, adjustments or exemptions) you and your spouse, if married, expect to receive from January 1, 2016 until December 31, 2016, from each of the sources below.

Table with 3 columns: Description, Student's Yearly Taxed Income, Spouse's Yearly Taxed Income. Rows include Wages, salaries, tips; Severance pay; Taxable portions of pensions, annuities, 401(K), and/or IRA distributions; Taxable portions of interest and dividend income; Business or farm income; Capital gains; Income from rents received after expenses paid for mortgage interest, taxes, and insurance; Alimony which will be received; Unemployment Compensation (State and/or SUB); Taxable portions of all Social Security benefits received; Any other taxed income; Total 2016 Gross Taxed Income.



2. Enter the total amount of untaxed income you and your spouse, if married, expect to receive **from January 1, 2016 until December 31, 2016**, from each of the sources below. Do not include any income reported in Section 1.

Student's Yearly Spouse's Yearly
Untaxed Income Untaxed Income

<p>a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts which would be reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S</p>	\$ _____	\$ _____
<p>b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans</p>	\$ _____	\$ _____
<p>c. Child support received for all children</p>	\$ _____	\$ _____
<p>d. Tax exempt interest income</p>	\$ _____	\$ _____
<p>e. Untaxed portions of IRA distributions</p>	\$ _____	\$ _____
<p>f. Untaxed portions of pensions</p>	\$ _____	\$ _____
<p>g. Housing, food and other living allowances paid to members of the military (excluding on-base housing or housing allowances), clergy and others (including cash payments and cash value of benefits)</p>	\$ _____	\$ _____
<p>h. Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances</p>	\$ _____	\$ _____
<p>i. Other untaxed income not reported elsewhere, such as workers' compensation, disability, foreign income, etc. Do not include Social Security</p>	\$ _____	\$ _____
<p>j. Money received or paid on your family's behalf (e.g. bills, living/college expenses, etc.) not reported elsewhere on this form</p>	\$ _____	\$ _____
<p>Total 2016 <u>Untaxed</u> Income</p>	\$ _____	\$ _____

3. If the revised 2016 gross taxed income estimate is higher than or less than the initial 2016 gross taxed income estimate, you must provide an explanation for the difference. It is very important that you include date(s) of change in employment status and the date(s) of receipt of additional income or distributions or of the loss of income.

- 4. If the revised 2016 untaxed income estimate is higher than or less than the initial 2016 untaxed income estimate, you must provide an explanation for the difference. It is very important that you include date(s) of change in employment status and the date(s) of receipt of additional income or distributions or of the loss of income.

- 5. If your family had a taxable distribution from a pension, annuity, IRA or 401(K) account during 2016, provide a breakdown of what these funds were used for.

The Agency will verify the accuracy of the financial data submitted on this form. If any review discloses a substantial discrepancy between your estimated and your actual 2016 income, the Agency will seek repayment of any Pennsylvania State Grant funds for which you were not entitled.

This form must be signed in order to be processed.

THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMATION ON THIS FORM MAY BE REPAYMENT OF TRIPLE ANY AMOUNT OF MONEY RECEIVED PLUS A FINE AND/OR IMPRISONMENT.

	Date		Date
Signature of Student		Signature of Spouse (if married)	

