



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

2016-17 FAMILY SIZE AND NUMBER ENROLLED CLARIFICATION FORM
(INDEPENDENT STUDENT)

(NOTE: Deadline for returning this form and 2015 tax documents to PHEAA is April 1, 2017.)

Print Student's Name

Student's Account Number grid

Student's Account Number

OR

Student's Social Security Number grid

Student's Social Security Number

2016-17

The Pennsylvania Higher Education Assistance Agency (PHEAA) requires additional information concerning the number of people in your household and/or the number of people enrolled in college. Therefore, you (and your spouse, if married) are requested to complete and sign this form. Additionally, PHEAA REQUIRES A COMPLETE COPY OF THE 2015 U.S. INCOME TAX RETURN THAT YOU (AND YOUR SPOUSE, IF MARRIED) FILED WITH IRS IF SUCH HAS NOT BEEN PREVIOUSLY SUBMITTED. THIS INCLUDES ALL OF THE SUPPORTING FORMS AND SCHEDULES, AND ALL 2015 WAGE AND TAX STATEMENTS (W-2 FORMS). EACH W-2 FORM SHOULD CONTAIN FIGURES IN BOX 1 AND EITHER BOX 16 OR BOX 18. IF YOU (AND YOUR SPOUSE, IF MARRIED) HAVE AN INTEREST IN A CORPORATION AND/OR PARTNERSHIP, YOU ALSO NEED TO SUBMIT COPIES OF THE MOST RECENT U.S. PARTNERSHIP AND/OR CORPORATION TAX RETURN(S), INCLUDING THE COMPLETED BALANCE SHEET(S) AND K-1 SCHEDULES. YOU MAY HAVE ALREADY SUBMITTED TAX DOCUMENTS TO YOUR SCHOOL, BUT PHEAA REQUIRES A COPY AS WELL. THIS INFORMATION AND THE COMPLETED FORM SHOULD BE SENT TO PHEAA, P.O. BOX 8157, HARRISBURG, PA 17105-8157 WITHIN 30 DAYS. If you have questions concerning this matter, please contact Agency staff toll-free at 1-800-692-7392 (TTY: Dial 711 for hearing impaired).

- 1. List each person, and their relationship to you, that you will support between July 1, 2016 and June 30, 2017. Include yourself and your spouse. Include your children if they receive more than half of their total support from you or if they would be required to provide your information when applying for Title IV Federal Student Aid. Include others if they now live with you and receive more than half of their total support from you and will continue to receive more than half of their total support from July 1, 2016 through June 30, 2017. Do NOT include any children for whom child support paid has been reported.

Please note that in order for you or your spouse, if married, to claim that you are providing more than half of someone's support, you must be able to demonstrate that the direct support you provide is greater than the personal resources of the individual listed in the household size. Relevant definitions include:

Direct support represents both in-kind support such as free/reduced rent, utilities, medical and dental care, payment of college costs or services in addition to actual cash assistance. Individual personal resources include both taxable and untaxable income such as wages, unemployment compensation, retirement income/distributions, dividend and investment earnings, Social Security benefits, disability payments, and other sources of income.

Blank lines for student information



2. List each person from question 1, including yourself, who will be a college student between July 1, 2016 and June 30, 2017. Include only students enrolled at least half-time (defined as at least 6 semester credit hours, 12 clock hours per week, etc.) in a program that leads to a college degree or certificate. If another household member is enrolled, **you must provide verification of this student's enrollment.** Otherwise the Agency will be unable to consider this student as being enrolled.

a. \_\_\_\_\_  
Name Social Security Number or Account Number

\_\_\_\_\_ College or School  
\_\_\_\_\_ Dates Enrolled Between  
July 1, 2016 and June 30, 2017

b. \_\_\_\_\_  
Name Social Security Number or Account Number

\_\_\_\_\_ College or School  
\_\_\_\_\_ Dates Enrolled Between  
July 1, 2016 and June 30, 2017

c. \_\_\_\_\_  
Name Social Security Number or Account Number

\_\_\_\_\_ College or School  
\_\_\_\_\_ Dates Enrolled Between  
July 1, 2016 and June 30, 2017

If the total size of your household exceeds the number of exemptions which you claimed on your 2015 U.S. Income Tax Return, provide an explanation for the difference. If you have included someone other than your spouse or child in the answer to question 1 and you did not claim them as an exemption, you should indicate how much direct support you have/will be providing for them from July 1, 2016 to June 30, 2017 and an approximate value of the other person's own personal resources.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remember to submit the requested 2015 tax documents as requested in the beginning, complete all questions and sign the form. Failure to follow this instruction will result in the form being returned to you and will delay to completion of the review.

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.

\_\_\_\_\_  
Signature of Student Date

