17B36 – 12/15 TGSD 17

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

RECENT SEPARATION/DIVORCE FORM
(INDEPENDENT STUDENT)

(NOTE: Deadline for returning this form and requested documentation to PHEAA is April 1, 2018.)

_____
Print Student's Name

Student's Account Number
OR
Student's Social Security Number
2017-18

It is the policy of this Agency to consider an application based on the student's income only when the student and spouse have been separated for at least two full months. In order for PHEAA to properly determine your 2016-17 Pennsylvania State Grant eligibility, complete the following, sign, and return this form and the requested documentation to PHEAA, P.O. Box 8157, Harrisburg, PA 17105-8157 within 30 days, once the two-month condition is met. Do not leave any questions blank. If none, enter zeros. No data will be accepted after April 1, 2018.

1. The date of your separation. _____ (month/day/year)

   The date of your divorce. _____ (month/day/year)

2. Your current physical address (no P.O. Boxes) and phone number.

   _____

   _____

3. Provide a complete copy of your 2015 U.S. Income Tax Return including all supporting forms, schedules and W-2 Forms, if such has not previously been submitted. If you have an interest in a corporation and/or partnership, you also need to submit copies of the appropriate U.S. Partnership and/or Corporation Tax Return(s), including the completed balance sheet(s) and K-1 schedule(s). If your family owns and controls more than 50% of a business and has 100 or less full-time or full-time equivalent employees, please indicate such with the correspondence you are sending.

4. Indicate the amount of your ADJUSTED GROSS INCOME (OR YOUR PORTION IF YOU FILED JOINTLY WITH A SPOUSE) as shown on your 2015 U.S. Income Tax Return (Form 1040 – line 37; Form 1040A – line 21; Form 1040EZ – line 4; or Form 1040X – line 1). $_____

5. 2015 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. $_____

6. 2015 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-line 28 + line 32 or 1040A-line 17. $_____

7. Child support received for all children in 2015. Do not include foster or adoption payments. $_____

8. 2015 tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b. $_____

9. 2015 untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here. $_____

10. 2015 untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here. $_____

11. 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) which were received in 2015. $_____

12. 2015 Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. $_____

13. Other untaxed income not reported, such as workers' compensation, disability, etc. Do NOT include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), or credit for federal tax on special fuels. $_____

14. Money received, or paid on your behalf (e.g., bills, living/college expenses, etc.) in 2015, not reported elsewhere on this form. $_____

15. Indicate your spouse's current physical address (no P.O. Boxes). Also provide verification of your spouse's separate address by submitting a copy of your spouse's lease agreement, mortgage statement, driver's license, or vehicle or voter registration or your verification of the separate address if you were the one to change residences.

_____

Indicate your anticipated 2017 income and family information in the following questions:

16. Enter the total yearly amount of gross taxed income (wages, salaries, tips, severance pay, taxable portions of pensions and annuities, taxable portions of Social Security benefits, alimony which will be received, unemployment compensation, interest and dividend income, business or farm income, capital gains, income from rents received after expenses for mortgage interest, taxes, and insurance, and all other taxed income [prior to deductions, adjustments, or exemptions]) you expect to receive from January 1, 2017 until December 31, 2017. Do not provide weekly or monthly amounts, only yearly totals. IF NONE, ENTER ZEROS. $_____

17. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings) which have been and/or will be made during 2017, 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. $_____

18. 2017 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans. $_____

19. Child support which has been and/or will be received for all children in 2017. $_____

20. 2017 tax exempt interest income. $_____

21. 2017 untaxed portions of IRA distributions. $_____

22. 2017 untaxed portions of pensions. $_____

23. 2017 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). $_____

24. 2017 Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. $_____

25. Other 2017 untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. $_____

26. Money which has been and/or will be received, or paid on your family's behalf (e.g., bills, living/college expenses, etc.) in 2017, not reported elsewhere on this form. $_____

27. Write in the number of people that you will support between July 1, 2017 and June 30, 2018. Include yourself and your children if they get more than half of their support from you or if they would be required to provide your information when applying for Title IV Federal Student Aid. Include other people only if they meet the following criteria: they now live with you and they receive more than half of their support from you and they will continue to be provided with more than half of their support from July 1, 2017 through June 30, 2018. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) _____

28. Write in the number of people from question 27, including yourself, who will be a college student between July 1, 2017 and June 30, 2018. Include only students enrolled at least half-time (defined as at least 6 semester credit hours, 12 clock hours per week, etc.) in 2017-18. The student must be enrolled in a program that leads to a college degree or certificate. If another household member is enrolled please provide verification of this student's enrollment. _____

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.

This form must be completed in its entirety (including signature) and returned along with all requested documentation. Failure to follow this instruction will result in the form being returned to you and will delay the completion of the review.

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Signature of Student Date