2018-19 FAMILY SIZE AND NUMBER ENROLLED CLARIFICATION FORM
(DEPENDENT STUDENT)

(NOTE: Deadline for returning this form and supporting documentation to PHEAA is April 1, 2019.)

____________________________________________________________________________________
Print Student’s Name

____________________________________________________________________________________
Student’s Account Number

OR

____________________________________________________________________________________
Student’s Social Security Number

The Pennsylvania Higher Education Assistance Agency (PHEAA) requires additional information concerning the number of people in your family’s household and/or the number of family members enrolled in college. Therefore, you and your parent(s)/stepparent are requested to complete, sign, and return this form. Please note that no information can be accepted after April 1, 2019.

1. List each person, and their relationship to you the student, that your parent(s)/stepparent will support between July 1, 2018 and June 30, 2019. Include your parent(s)/stepparent and yourself. Include your parent(s)/stepparent’s other children if they receive more than half of their support from your parent(s)/stepparent or if they would be required to provide your parent(s)/stepparent’s information when applying for Title IV Federal Student Aid. Include other people only if they now live with and receive more than half of their support from you or your parent(s)/stepparent and will continue to receive more than half of their support from July 1, 2018 through June 30, 2019.

Please note that in order for your parent/stepparent to claim that they are providing more than half of someone’s support, they must be able to demonstrate that the direct support they provide is greater than the personal resources of the individual listed in the household size. You may be requested to provide supporting documentation. 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 other 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.

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<th>Full Name</th>
<th>Age</th>
<th>Relationship to Student</th>
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2. List each person from question 1, including yourself, but excluding your parent(s)/stepparent, who will be a college student between July 1, 2018 and June 30, 2019. 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 which verifies that the student was enrolled at least half-time during the time period in question. Otherwise the Agency will be unable to consider this student as being enrolled.

a. ___________________________________  ___________________________________
   Name                                             Social Security Number or Account Number
   ___________________________________
   College or School

b. ___________________________________
   Name                                             Social Security Number or Account Number
   ___________________________________
   College or School

c. ___________________________________
   Name                                             Social Security Number or Account Number
   ___________________________________
   College or School

d. ___________________________________
   Name                                             Social Security Number or Account Number
   ___________________________________
   College or School

Dates Enrolled Between
July 1, 2018 and June 30, 2019

If you have questions concerning this matter, please contact Agency staff toll-free at 1-800-692-7392 (TTY: Dial 711 for hearing impaired).

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

_________________________________________  ___________________________________
Signature of Parent (or Stepparent)                                             Date