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

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

Student’s Account Number

______________________________
Student’s Social Security Number

2018-19

Print Student’s Name

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 must 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 you will support between July 1, 2018
and June 30, 2019. Include yourself and your spouse. Note: if married, 'you' and 'your' apply to you
and your spouse in this paragraph. 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, 2018
through June 30, 2019.

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

b. __________________________________________
   Name
   Social Security Number or Account Number
   ______________________________
   College or School
   Dates Enrolled Between
   July 1, 2018 and June 30, 2019

c. __________________________________________
   Name
   Social Security Number or Account Number
   ______________________________
   College or School
   Dates Enrolled Between
   July 1, 2018 and June 30, 2019

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 __________