



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

2020-21 FAMILY SIZE AND NUMBER ENROLLED CLARIFICATION FORM
(INDEPENDENT STUDENT)

(NOTE: Deadline for returning this form to PHEAA is April 1, 2021.)

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

2020-21

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. 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, 2020 and June 30, 2021. 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, 2020 through June 30, 2021. 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.

Two horizontal lines for signature or additional information.



2. List each person from question 1, including yourself, who will be a college student between July 1, 2020 and June 30, 2021. 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 in one term 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, 2020 and June 30, 2021

b. _____
Name Social Security Number or Account Number

College or School Dates Enrolled Between
July 1, 2020 and June 30, 2021

c. _____
Name Social Security Number or Account Number

College or School Dates Enrolled Between
July 1, 2020 and June 30, 2021

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

