



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
(DEPENDENT STUDENT)

(NOTE: Deadline for returning this form and requested documentation 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

It is the policy of this Agency to consider an application based on the income of the parent with whom the student resides the most when the parents have been separated for at least two full months. In order for the Pennsylvania Higher Education Assistance Agency (PHEAA) to properly determine your 20202020-21 Pennsylvania State Grant eligibility, complete the following, have the appropriate person(s) 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, 2021.

- 1. The date of your parents' (or parent and stepparent's) separation. (month/day/year)
The date of your parents' (or parent and stepparent's) divorce. (month/day/year)
2. If your parents (or parent and stepparent) separated or divorced prior to the filing of your Pennsylvania State Grant application, indicate the name, physical address (no P.O. Boxes), and phone number of the parent you resided with the most during the 12 months immediately preceding the filing date of your application.
3. Provide a complete copy of your parent's 2018 U.S. Income Tax Return including all supporting forms, schedules and W-2 Forms, if such has not previously been submitted.
4. Enter the above parent's portion of the ADJUSTED GROSS INCOME shown on the 2018 U.S. Income Tax Return (Form 1040 - line 7 or Form 1040X - line 1).
5. 2018 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. 2018 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1-line 28 + line 32.



7. Child support received for all children in 2018. Do not include foster or adoption payments.  
\$ \_\_\_\_\_
8. 2018 tax exempt interest income from IRS Form 1040-line 2a. \$ \_\_\_\_\_
9. 2018 untaxed portions of IRA or pension distributions from IRS Form 1040-lines (4a minus 4b). Exclude rollovers. If negative, enter a zero here. \$ \_\_\_\_\_
10. 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 2018. \$ \_\_\_\_\_
11. 2018 Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ \_\_\_\_\_
12. 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.  
\$ \_\_\_\_\_
13. Indicate the name and physical address (no P.O. Boxes) of the parent or stepparent with whom you do not reside. Also provide verification of their address by submitting a copy of this parent's/stepparent's lease agreement, mortgage statement, driver's license, or vehicle or voter registration.

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**Indicate your supporting parent(s)' anticipated 2020 income and family information in the following questions:**

14. Enter the total yearly amount of gross taxed income to be received by the parent referenced in question 2 from January 1, 2020 until December 31, 2020. Include wages, salaries, tips, severance pay, taxable portions of pensions and annuities, taxable portions of Social Security benefits, alimony which will be received, interest and dividend income, business or farm income, unemployment compensation, 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). IF NONE, ENTER ZEROS. Do not provide weekly or monthly amounts, only yearly totals. \$ \_\_\_\_\_
15. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings) which have been and/or will be made during 2020, 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. \$ \_\_\_\_\_
16. 2020 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.  
\$ \_\_\_\_\_
17. Child support which has been and/or will be received for all children in 2020. \$ \_\_\_\_\_
18. 2020 tax exempt interest income. \$ \_\_\_\_\_
19. 2020 untaxed portions of IRA distributions. \$ \_\_\_\_\_
20. 2020 untaxed portions of pensions. \$ \_\_\_\_\_
21. 2020 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).  
\$ \_\_\_\_\_
22. 2020 Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ \_\_\_\_\_

23. Other 2020 untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. \$ \_\_\_\_\_

24. List each person and their relationship to your parent referenced in question two that your parent will support between July 1, 2020 and June 30, 2021. Include your parent and yourself. Include your parent's other children if they receive more than half of their support from your parent or if they would be required to provide your parent'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 your parent and will continue to receive more than half of their support from July 1, 2020 through June 30, 2021. Do NOT include any children from whom child support paid has been reported. \_\_\_\_\_

Please note that in order for your parent 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. 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. \_\_\_\_\_

25. Write in the number of people from question 24, including yourself, but EXCLUDING your parent, 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 six semester credit hours, 12 clock hours per week, etc.) in 2020-21. 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. \_\_\_\_\_

Remember to submit the 2018 tax information as requested in question three to complete all questions and include a parental signature. Failure to follow this instruction will result in the form being returned to you and will delay the 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 Parent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

