



State Grant and Special Programs
 Phone: 1-800-692-7392 Fax: 717-720-3786

**OCTOBER VERIFICATION FORM
 (DEPENDENT STUDENT)**

(NOTE: Deadline for returning this form to PHEAA is April 1, 2010.)

 Print Student's Name

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Student's Social Security Number

OR

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Student's Account Number

2009-10

Complete the sections below, have the appropriate person(s) sign the form, and return the form to PHEAA, P.O. Box 8141, Harrisburg, PA 17105-8141 within 30 days. Do not leave any of the questions blank, IF NONE, ENTER ZEROS. Failure to complete the form in its entirety will result in the Agency being unable to give further consideration to your request for reduced income processing. **DO NOT PROVIDE WEEKLY OR MONTHLY AMOUNTS, ONLY YEARLY TOTALS.**

1. Enter the total gross taxed income (prior to deductions, adjustments or exemptions) your parent(s) expect to receive from January 1, 2009 until December 31, 2009, from each of the sources below.

	Father's/ Stepfather's Yearly <u>Taxed Income</u>	Mother's/ Stepmother's Yearly <u>Taxed Income</u>
a. Wages, salaries, tips	\$ _____	\$ _____
b. Severance pay	\$ _____	\$ _____
c. Taxable portions of pensions, annuities and/or IRA distributions	\$ _____	\$ _____
d. Taxable portions of interest and dividend income	\$ _____	\$ _____
e. Business or farm income	\$ _____	\$ _____
f. Capital gains	\$ _____	\$ _____
g. Income from rents received after expenses paid for mortgage interest, taxes, and insurance	\$ _____	\$ _____
h. Alimony which will be received	\$ _____	\$ _____
i. Unemployment Compensation (State and/or SUB)	\$ _____	\$ _____
j. Taxable portions of all Social Security benefits received	\$ _____	\$ _____
k. Any other taxed income	\$ _____	\$ _____
 Total 2009 <u>Gross Taxed Income</u>	 \$ _____	 \$ _____

(Continued)



2. Enter the total amount of untaxed income your parent(s) expect to receive from January 1, 2009 until December 31, 2009, from each of the sources below. Do not include any income reported in Section 1.

	Father's/ Stepfather's Yearly <u>Untaxed Income</u>	Mother's/ Stepmother's Yearly <u>Untaxed Income</u>
a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), 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	\$ _____	\$ _____
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$ _____	\$ _____
c. Child support received for all children	\$ _____	\$ _____
d. Tax exempt interest income	\$ _____	\$ _____
e. Untaxed portions of IRA distributions	\$ _____	\$ _____
f. Untaxed portions of pensions	\$ _____	\$ _____
g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$ _____	\$ _____
h. Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$ _____	\$ _____
i. Other untaxed income not reported elsewhere, such as workers compensation, disability, etc.	\$ _____	\$ _____
j. Money received or paid on your family's behalf (e.g. bills, living/college expenses, etc.) not reported elsewhere on this form	\$ _____	\$ _____
Total 2009 <u>Untaxed Income</u>	\$ _____	\$ _____

3. If the revised 2009 gross taxed income estimate is higher than or less than the initial 2009 gross taxed income estimate, provide an explanation for the difference. Include date(s) of change in employment status and the date(s) of receipt of additional income or of the loss of income.

4. If the revised 2009 untaxed income estimate is higher than or less than the initial 2009 untaxed income estimate, provide an explanation for the difference. Include date(s) of change in employment status and the date(s) of receipt of additional income or of the loss of income.

The Agency will verify the accuracy of the financial data submitted on this form. If this review discloses a substantial discrepancy between the estimated and actual 2009 income, the Agency will seek repayment of any Pennsylvania State Grant funds for which you were not entitled.

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/Stepparent

Date

Signature of Student

Date