



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

**OCTOBER VERIFICATION FORM
 (INDEPENDENT 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) you and your spouse, if married, expect to receive from January 1, 2009 until December 31, 2009, from each of the sources below.

	<u>Student's Yearly Taxed Income</u>	<u>Spouse's Yearly 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</u> Income	\$ _____	\$ _____

(Continued)



