



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
(INDEPENDENT STUDENT)

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

Student's Account Number grid

Student's Account Number

OR

Student's Social Security Number grid

Student's Social Security Number
2018-19

Print Student's Name

It is the policy of this Agency to consider an application based on the student's income only when the student and spouse have been separated for at least two full months. In order for PHEAA to properly determine your 2018-19 Pennsylvania State Grant eligibility, complete the following, 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, 2019.

- 1. The date of your separation. (month/day/year)
The date of your divorce. (month/day/year)
2. Your current physical address (no P.O. Boxes) and phone number.
3. Provide a complete copy of your 2016 U.S. Income Tax Return including all supporting forms, schedules and W-2 Forms, if such has not previously been submitted.
4. Indicate the amount of your ADJUSTED GROSS INCOME (OR YOUR PORTION IF YOU FILED JOINTLY WITH A SPOUSE) as shown on your 2016 U.S. Income Tax Return
5. 2016 payments to tax-deferred pension and savings plans
6. 2016 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans
7. Child support received for all children in 2016.
8. 2016 tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.
9. 2016 untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b).
10. 2016 untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b).
11. Housing, food, and other living allowances paid to members of the military
12. 2016 Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.
13. Other untaxed income not reported, such as workers' compensation, disability, etc.



- 14. Money received, or paid on your behalf (e.g., bills, living/college expenses, etc.) in 2016, not reported elsewhere on this form. \$ _____
- 15. Indicate your spouse's current physical address (no P.O. Boxes). Also provide verification of your spouse's separate address by submitting a copy of your spouse's lease agreement, mortgage statement, driver's license, or vehicle or voter registration or your verification of the separate address if you were the one to change residences.

Indicate your anticipated 2018 income and family information in the following questions:

- 16. Enter the total yearly amount of gross taxed income (wages, salaries, tips, severance pay, taxable portions of pensions and annuities, taxable portions of Social Security benefits, alimony which will be received, unemployment compensation, interest and dividend income, business or farm income, 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]) you expect to receive from January 1, 2018 until December 31, 2018. Do not provide weekly or monthly amounts, only yearly totals. IF NONE, ENTER ZEROS. \$ _____
- 17. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings) which have been and/or will be made during 2018, 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. \$ _____
- 18. 2018 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans. \$ _____
- 19. Child support which has been and/or will be received for all children in 2018. \$ _____
- 20. 2018 tax exempt interest income. \$ _____
- 21. 2018 untaxed portions of IRA distributions. \$ _____
- 22. 2018 untaxed portions of pensions. \$ _____
- 23. 2018 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). \$ _____
- 24. 2018 Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____
- 25. Other 2018 untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. \$ _____
- 26. Money which has been and/or will be received, or paid on your family's behalf (e.g., bills, living/college expenses, etc.) in 2018, not reported elsewhere on this form. \$ _____
- 27. Write in the number of people that you will support between July 1, 2018 and June 30, 2019. Include yourself and your children if they get more than half of their support from you or if they would be required to provide your information when applying for Title IV Federal Student Aid. Include other people only if they meet the following criteria: they now live with you and they receive more than half of their support from you and they will continue to be provided with more than half of their support from July 1, 2018 through June 30, 2019. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) _____
- 28. Write in the number of people from question 27, 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 2018-19. 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. _____

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.

This form must be completed in its entirety (including signature) and returned along with all requested documentation. Failure to follow this instruction will result in the form being returned to you and will delay the completion of the review.

Signature of Student Date