



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

2009-10 REDUCED INCOME FORM
(DEPENDENT STUDENT)

(NOTE: Deadline for returning this form and 2008 tax documents to PHEAA is April 1, 2010.)

Print Student's Name

Student's Social Security Number grid

Student's Social Security Number

OR

Student's Account Number grid

Student's Account Number

2009-10

If your family's 2009 income has been reduced, you should complete this form and return it to PHEAA, P.O. Box 8141, Harrisburg, PA 17105-8141 for further consideration of your 2009-10 Pennsylvania State Grant application.

If there are other members of your family attending college during the 2009-10 academic year, and they have applied for Pennsylvania State Grant aid, list their social security number(s) or account number(s) here.

PHEAA requires a complete copy of your parent(s)' 2008 U.S. INCOME TAX RETURN with all supporting forms, schedules and Wage and Tax Statements (W-2 Forms). Each W-2 Form must contain figures in Box 1 and either Box 16 or Box 18.

Please review the sections below and indicate which explanation(s) applies to the reason(s) your family's 2009 income will be reduced. If you check boxes B, C, D, or E, you must complete Sections F and G.

- A. Death of Parent (death must have occurred ON OR AFTER January 1, 2008). Date: (Month/Day/Year) (Relationship)
* If you checked "A" above, you must simply sign and return to PHEAA. You do not need to complete the remainder of the form.
B. Permanent and total (unable to work again) disability of parent, or stepparent of the student (must have occurred ON OR AFTER January 1, 2008). Date: (Month/Day/Year) (Relationship)
C. Father/stepfather has retired; been unemployed for at least two full months or has experienced a change in employment status which will result in an income reduction ON OR AFTER January 1, 2008. Date: (Month/Day/Year)
D. Mother/stepmother has retired; been unemployed for at least two full months or has experienced a change in employment status which will result in an income reduction ON OR AFTER January 1, 2008. Date: (Month/Day/Year)
E. Sources of untaxed income, as reportable on the Free Application for Federal Student Aid (FAFSA), has ceased or been reduced. Date: (Month/Day/Year)



F. COMPLETION REQUIRED: YOU MUST PROVIDE AN EXPLANATION DETAILING ALL REASONS YOUR FAMILY'S 2009 INCOME WILL BE REDUCED AND COMPLETE THE REST OF THE FORM.

G. Complete both of the sections (Gross Taxed and Untaxed) below with income (prior to exemptions, adjustments or deductions) your family expects to receive from January 1, 2009 until December 31, 2009. IF NONE, ENTER ZEROS. Please do not give monthly amounts. **IF YOU DO NOT COMPLETE THIS FORM IN ITS ENTIRETY, THE AGENCY WILL BE UNABLE TO GIVE FURTHER CONSIDERATION TO YOUR REQUEST FOR REDUCED INCOME PROCESSING.**

TOTAL 2009 GROSS TAXED INCOME

	<u>Father's/ Stepfather's Yearly Income</u>	<u>Mother's/ Stepmother's Yearly Income</u>
1. Wages, salaries, tips	\$ _____	\$ _____
2. Severance pay	\$ _____	\$ _____
3. Taxable portions of pensions, annuities and/or IRA distributions	\$ _____	\$ _____
4. Taxable portions of interest and dividend income	\$ _____	\$ _____
5. Business or farm income	\$ _____	\$ _____
6. Capital gains	\$ _____	\$ _____
7. Income received from rents after expenses paid for mortgage interest, taxes, and insurance	\$ _____	\$ _____
8. Alimony which will be received	\$ _____	\$ _____
9. Unemployment Compensation (State and/or SUB)	\$ _____	\$ _____
10. Taxable portions of all Social Security benefits received	\$ _____	\$ _____
11. Any other taxed income	\$ _____	\$ _____
 Total 2009 <u>Gross</u> Taxed Income	 \$ _____	 \$ _____

TOTAL 2009 UNTAXED INCOME

	<u>Father's/ Stepfather's Yearly Income</u>	<u>Mother's/ Stepmother's Yearly Income</u>
1. 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	\$ _____	\$ _____
2. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$ _____	\$ _____
3. Child support received for all children	\$ _____	\$ _____
4. Tax exempt interest income	\$ _____	\$ _____
5. Untaxed portions of IRA distributions	\$ _____	\$ _____
6. Untaxed portions of pensions	\$ _____	\$ _____
7. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$ _____	\$ _____
8. Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$ _____	\$ _____
9. Other untaxed income not reported elsewhere, such as workers compensation, disability, etc.	\$ _____	\$ _____
10. 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</u> Income	 \$ _____	 \$ _____

NOTE: YOU MUST NOTIFY STATE GRANT AND SPECIAL PROGRAMS AT PHEAA IMMEDIATELY OF ANY INCREASE IN YOUR INITIAL 2009 INCOME ESTIMATE. FAILURE TO IMMEDIATELY NOTIFY PHEAA OF ANY INCREASE TO YOUR FAMILY'S INCOME MAY RESULT IN REPAYMENT OF ANY STATE GRANTS FOR WHICH YOU OR OTHER MEMBERS OF YOUR FAMILY 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