2015-2016 SEPARATION OF INCOME FORM

This form is used to separate the student’s (or applicable parent’s) income from their spouse when a joint tax return is filed for the tax year and the student (or parent) is divorced or separated at the time the student applies for financial aid.

DIRECTIONS:

1. Complete the portion of this form that pertains to your situation. Do not leave any lines blank in the portion that pertains to your request.

2. Attach and sign a detailed letter explaining the circumstances surrounding your current situation. **The student must provide a letter requesting the adjustment.** Parents, employers or other parties may submit a letter that provides additional details.

3. Attach supporting documentation.

If you complete this form you are requesting that the Financial Assistance Office review your current situation and make adjustments based on the documentation provided. The Financial Assistance Office may request additional documentation to support your current situation.

If your request is approved, the financial assistance office will make adjustments to your Student Aid Report. The Financial Assistance Office cannot guarantee that requests will be processed prior to payment deadlines. Students are responsible for making payment arrangements.
# 2015-2016 SEPARATION OF INCOME FORM

**Student Name:** _______________________________  
**NSHE ID #:** ________________

**Telephone #:** ___________________  
**Email:** _______________________________  
**Semester(s):** ________________

## REASON FOR SEPARATION OF INCOME

- □ Divorce
- □ Legal Separation
- □ Separation
- □ Death

### Required documentation:

- □ Separation or divorce papers (if applicable)
- □ A complete copy of the 2014 tax transcript (not needed if FAFSA linked to IRS)
- □ A detailed letter explaining the circumstances surrounding your current situation
- □ All 2014 W-2 forms
- □ Death Certificate (if applicable)

### Number in Family:

- □ Supplemental Security Income
- □ Food Stamps
- □ Free or Reduced Priced School Lunch
- □ Temporary Assistance for Needy Families
- □ WIC

(If yes, please provide documentation.)

### Number in College:

- □ Y / N

**Verify any additional information you plan to receive for the current year.**

### Additional Financial Information

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope and Lifetime Learning tax credits</td>
<td>Grants and Scholarships reported to the IRS</td>
</tr>
<tr>
<td>Child Support Paid</td>
<td>Combat pay or special combat pay</td>
</tr>
<tr>
<td>Taxable Earnings from work-study, assistantships or fellowships</td>
<td>Cooperative education program earnings</td>
</tr>
</tbody>
</table>

### Untaxed Income

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments to tax-deferred pension and savings plans</td>
<td>Un taxed portions of IRA distributions</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>Un taxed portions of pensions</td>
</tr>
<tr>
<td>IRA deductions and payment to self-employed SEP, SIMPLE, and Keogh</td>
<td>Housing, food and other living allowances</td>
</tr>
<tr>
<td>Tax Exempt Interest</td>
<td>Veterans non-education benefits</td>
</tr>
<tr>
<td>Other untaxed income not reported, such as workers’ compensation</td>
<td></td>
</tr>
</tbody>
</table>

**Student signature:** _______________________________  
**Date:** ________________

**Parent signature:** _______________________________  
(Required if student is dependent)  
**Date:** ________________

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

**Office Use Only:**  
<table>
<thead>
<tr>
<th>Approved</th>
<th>Denied</th>
<th>Pending:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FA Initials:** ________________  
**Date:** ________________  
**Action:** ________________