



WESTERN NEVADA COLLEGE

Financial Assistance Office

2018-2019 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.



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2018-2019 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)
 All 2015 W-2 forms
 A complete copy of the 2016 tax transcript (not needed if FAFSA linked to IRS)
 Death Certificate (if applicable)
 A detailed letter explaining the circumstances surrounding your current situation

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.)

Circle
 Y / N

Number in College: _____

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

Additional Financial Information

Hope and Lifetime Learning tax credits		Grants and Scholarships reported to the IRS	
Child Support Paid		Combat pay or special combat pay	
Taxable Earnings from work-study, assistantships or fellowships		Cooperative education program earnings	

Untaxed Income

Payments to tax-deferred pension and savings plans		Untaxed portions of IRA distributions	
Child Support Received		Untaxed portions of pensions	
IRA deductions and payment to self-employed SEP, SIMPLE, and Keogh		Housing, food and other living allowances	
Tax Exempt Interest		Veterans non-education benefits	
Other untaxed income not reported, such as workers' compensation			

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

(Required if student is dependent)

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: _____ Approved _____ Denied _____ Pending: _____

FA Initials: _____ Date: _____ Action: _____