

**2016-2017
DIVORCED/SEPARATED DISCLOSURE -
DEPENDENT**

Student Name: _____

Hope Student ID #: _____

It is our understanding that your parents were either separated or divorced after filing the 2016-17 FAFSA. To determine your 2016-17 eligibility for financial assistance, we need your custodial parent's financial information. (Your custodial parent is the parent with whom you lived most in the last 12 months.)

Your custodial parent is to complete the following items using **only his/her information, excluding the non-custodial parent's information** (even if a joint tax return was filed). If your parents still jointly own/share any assets, report only the custodial parent's share.

Date of Parent's Separation/Divorce: ___/___/___ Name of custodial parent: _____

A. Submit a signed copy of parent's 2015 Federal Income Tax Return and copies of W-2 forms.
B. Complete the following information:
1. HOUSEHOLD INFORMATION:

- a. Current number in household (excluding the non-custodial parent): _____
- b. Current number of custodial parent's household members attending college in 2016-17 _____
(DO NOT INCLUDE CUSTODIAL PARENT)
- c. Amount of child or spousal support expected to be PAID OUT in 2016 by custodial parent because of divorce or separation \$ _____

2. UNTAXED INCOME & BENEFITS expected during 2016 *

- a. Welfare benefits (including TANF). Don't include food stamps or subsidized housing \$ _____
- b. Social Security benefits received for all household members \$ _____
- c. SSI disability benefits \$ _____
- d. Child support custodial parent will receive during the upcoming year for all children
Do not include foster care or adoption payments. \$ _____
- e. Spousal support to be received by custodial parent \$ _____
- f. Survivor benefits (e.g. life insurance, pensions, VA benefits, etc.) \$ _____
- g. Worker's compensation \$ _____
- h. Bills paid for custodial parent by someone else \$ _____
- i. Any other untaxed income or benefits. List source(s): _____ \$ _____

***DO NOT INCLUDE THE FOLLOWING UNTAXED INCOME TYPES ON THIS WORKSHEET:**

Workforce Investment Act Educational benefits, benefits from flexible spending arrangements (e.g. cafeteria plans), or combat pay if you are not a tax filer.

- | 3. ASSET INFORMATION for Custodial Parent: | What is it worth today? | What is owed on it? |
|--|--------------------------------|--|
| a. Cash, savings, & checking accounts: | \$ _____ | |
| b. Investments (excluding retirement plans): | \$ _____ | \$ _____ |
| c. Other real estate (excluding home): | \$ _____ | \$ _____ |
| d. Business: Name _____ | \$ _____ | \$ _____ |
| Is the business more than 50% family-owned and controlled? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the business have 100 or fewer full-time equivalent employees? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e. Investment farm: | \$ _____ | \$ _____ |
| Does your custodial parent "materially participate in the farm's operation"? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Return this completed form to the address listed below.

Signature of Custodial Parent: _____

Date Signed: _____