

**2016-2017  
DIVORCED/SEPARATED DISCLOSURE -  
INDEPENDENT****Student Name:** \_\_\_\_\_**Hope Student ID #:** \_\_\_\_\_

It is our understanding you were either separated or divorced after filing the 2016-17 FAFSA. To determine your 2016-17 eligibility for financial assistance, we need further clarification regarding your financial information.

Complete the following items using **only your information**, excluding any of your spouse's information, even if a joint tax return was filed. If you still jointly own/share any assets, report only your share.

Date of Separation and/or Divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- a. Current number in household (excluding your ex-spouse): \_\_\_\_\_
- b. Current number of your household members attending college in 2016-17 \_\_\_\_\_
- c. Amount of child or spousal support you expect to be PAY OUT in 2016 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 you 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:**

- |   | <b>What is it worth today?</b> | <b>What is owed on it?</b>                               |
|---|--------------------------------|--|
| 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:   | \$ _____                       | \$ _____   |
| Do you "materially participate in the farm's operation"?            |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Return this completed form to the address listed below.

**Student Signature:** \_\_\_\_\_**Date Signed:** \_\_\_\_\_