

**2016-2017
WIDOWED DISCLOSURE -
INDEPENDENT**

Student Name: _____

Hope Student ID #: _____

It is our understanding you were widowed 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).

Date you were widowed: ____/____/____

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 deceased spouse): _____
- b. Current number of your household members attending college in 2016-17 _____

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. Survivor benefits (e.g. life insurance, pensions, VA benefits, etc.) \$ _____
- f. Worker's compensation \$ _____
- g. 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:

- | | <u>What is it worth today?</u> | <u>What is owed on it?</u> |
|---------------------------------------------------------------------|--------------------------------|----------------------------------------------------------|
| 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: _____

Print