2024-2025 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.
# 2024-2025 SEPARATION OF INCOME FORM

Student Name: ______________________________ NSHE Student ID #: __________________
Telephone #: ______________________________ Semester(s): _______________________
Email: __________________________________

**REASON FOR SEPARATION OF INCOME (mark one):**

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

You must provide **ALL** of the following:

- □ Separation or divorce papers, signed by a judge (if applicable)
- □ A complete copy of the 2022 tax transcript (not needed if FAFSA linked to IRS)
- □ A signed, detailed letter explaining the circumstances surrounding your current situation

**The Financial Assistance Office may request additional documentation to support your current situation**

Number in Family: ____________________________
Number in College: ____________________________
Supplemental Security Income, Food Stamps, Free or Reduced Priced School Lunch, Temporary Assistance for Needy Families, WIC (If yes, please provide documentation.)

<table>
<thead>
<tr>
<th>Number in College:</th>
<th>Supplemental Security Income, Food Stamps, Free or Reduced Priced School Lunch, Temporary Assistance for Needy Families, WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________</td>
<td>(If yes, please provide documentation.)</td>
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</tbody>
</table>

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

**Additional Financial Information:**

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

**Untaxed Income**

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

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

Student signature: ____________________________ Date: ____________________________
Parent signature: ____________________________ Date: ____________________________
(Required if student is dependent)