2022-2023 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.
2022-2023 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)  □ All 2020 W-2 forms
□ A complete copy of the 2020 tax transcript (not needed if FAFSA linked to IRS)  □ Death Certificate (if applicable)
□ 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
Circle  Y / N

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

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)