



North Central College
Office of Financial Aid
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2019-20 Change in Financial Circumstances—Separation/Divorce

Student Name: _____ **Student ID/SSN:** _____

We were recently informed that your family has experienced a major change in financial situation due to marital status change since filing the **2019-20 Free Application for Federal Student Aid (FAFSA)**. To determine if any adjustments can be made to your financial aid file, please complete all information below **AND** submit all requested documentation.

A. Separation/Divorce: Since applying for aid, your family has experienced a marital status change or a joint tax return was filed for family members who are now divorced or separated.

- Date of divorce or separation: _____
- New household size: _____
- New number of family member's in college: _____
- Amount of child support to be received for all children in household in **2019**: _____
- Names of children support will be received for: _____
- Amount of alimony/maintenance to be received in **2019**: _____
- Contributions from non-custodial parent toward family's household expenses (mortgage, utilities, food) in **2019**: _____

Documentation Requirements:

- Submit copies of **divorce decree**, if applicable or indicate anticipated date of divorce. _____
- If **separated**, provide proof that parents are residing at separate addresses (utility bills, lease, etc.)

Briefly summarize your situation here: _____

IF NOT ALREADY ON FILE, please submit the following documents to the Office of Financial Aid:

- * Please complete the IRS Data Retrieval on FAFSA or submit an official IRS **2017** Tax Transcript
- * **2019-20** Institutional Verification Form: <http://northcentralcollege.edu/financial-aid/forms>
- * Copies of **2017** W-2's from custodial parent
- * Copies of **2017** W-2's for student
- * Signed copy of parent federal **2017** tax return

I declare that the information reported on this form is true, correct, and complete. I agree to provide, if requested, any other official documentation necessary to verify information reported.

Signature

Date