

Your financial aid application indicated that student and student's spouse (if independent) or student's parents/step-parents (if dependent) are separated, but not divorced. Please complete this form in order to verify separation status. We must verify the separation as both physical and financial. The student and the parent whose information was reported on the FAFSA (if dependent) must complete and sign this form and submit the information to the Financial Aid Office (FAO). **If you have questions, please contact the FAO promptly to avoid delays in the processing of your financial aid.**

Last Name	First Name	M.I.	HCC ID # or SSN (last 4 digits)
Street Address (include apt. no.) <b>**PO Box is not acceptable</b>		Date of Birth	
City	State	Zip Code	Email Address
Home Phone Number (include area code)		Alternate or Cell Phone Number	

**1. Who has separated?**    Student & Spouse    Parent(s) &/or Step-Parent    (circle one)

**2. Date of marriage:** \_\_\_\_\_ **3. Date of separation:** \_\_\_\_\_

**4. Provide current address information:**

**A. Dependent Student: provide information about the parent and parent's CURRENT SPOUSE.**

**Parent #1 Full Name:** \_\_\_\_\_

Street Address (include apt. no.) **\*\*PO Box is not acceptable** \_\_\_\_\_ SSN \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent #2 Full Name:** \_\_\_\_\_

Street Address (include apt. no.) **\*\*PO Box is not acceptable** \_\_\_\_\_ SSN \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. Independent Student, provide current information about your CURRENT SPOUSE.**

**Spouse's Full Name:** \_\_\_\_\_

Street Address (include apt. no.) **\*\*PO Box is not acceptable** \_\_\_\_\_ SSN \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. CERTIFICATION & SIGNATURES:**

*If student is classified as dependent, the student and parent whose information was reported on the FAFSA must sign and date.*

By signing below, I certify all the information reported is complete and correct. I understand I may be asked to provide additional documentation to support the information herein. I agree to allow Haywood Community College to submit corrections to my FAFSA electronically on my behalf. This may include federal or state income tax that I filed or was required to file.

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Student Signature

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Date

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Parent Signature (if dependent)

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Date

**WARNING! If you purposely give false or misleading information, you may be fined, imprisoned, or both.**

**Note: Please allow four weeks for processing.**

**For FAO Use Only:**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Filing Status: \_\_\_\_\_

Marital Status Date: \_\_\_\_\_

Appeal Decision:    Approved    Denied

Notes: \_\_\_\_\_