

2016-2017 SEPARATION VERIFICATION FORM

Student First Name: _____ Student Last Name: _____ ID: _____
DOB: ____/____/____ Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____
Please complete this form to verify Separation Status.

(If Dependent complete this section; if independent proceed to step one)

Print the name and social security number of the parent whose information you used to complete your financial aid application.

Name: _____ **SS#:** _____

STEP ONE

Complete the following information on your spouse or (if dependent) the spouse of the person listed above.

Name: _____ SSN: _____

Current residential address: _____

Employer (name and address): _____

Date of Marriage: _____ Date of Separation: _____
MM/ DD/ YYYY MM/ DD/ YYYY

Federal Tax Information: When was the last time a joint tax return was filed?

[Check one] ☐ Tax Year 2014 ☐ Tax Year 2015 ☐ Never Filed Joint ☐ Other Year (specify): _____

STEP TWO

Complete the following information that applies to you or (if dependent) the parent whose information you used to complete your financial aid application.

- Benefits Received since Separation:
☐ Child Support amount/month: _____ Beginning date: _____
☐ TANF amount/month: _____ Beginning date: _____
☐ Other: _____ amount/month: _____ Beginning date: _____
- What are the rent/mortgage and utility monthly amounts? _____
Who pays for this? _____

If you receive public assistance or monetary assistance from family, provide proof.

- Divorce Intentions:** Do you intend to proceed with the divorce? ☐ Yes ☐ No

If yes, provide our office with a copy of the court document submitted or a letter from the attorney representing you for the divorce proceedings.

If no, proceed to STEP THREE.

[Continue completing form on the reverse side]

LAST NAME,

FIRST NAME

ID #

STEP THREE

Provide 2 reference letters from a third party (**not a relative or friend**) who may endorse your statement in detail within their professional capacity on their own letter head. For example, a pastor, a marriage counselor, licensed counselor, attorney general, etc. **A notarized letter on your behalf is not acceptable evidence. If you do not provide the necessary letters, you will be required to provide your spouse's information.**

By signing this form, you agree that it is complete, true, and to provide documentation that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, in order to qualify for Title IV funds you will be referred to the Inspector General and you may be fined \$10,000, sent to prison or both.

Date: _____

Date: _____

Please submit to either of the following UTRGV locations:

**The Tower, Main 1.100
One West University Blvd.
Brownsville, Texas 78520
Ph: (888) 882-4026
Fax: (956) 882-8229**

Visitors Center 1.113
1201 West University Drive
Edinburg, Texas 78539
Ph: (888) 882-4026
Fax: (956) 665-2392

As per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an individual is entitled, on request, to receive, review and/or correct any information about the individual, which has been submitted to UTRGV, with few exceptions. The information that UTRGV collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules.

For office use only:

Approved: _____ Disapproved: _____ Additional information requested: _____

[illegible]

Committee initials:

Date: