



**Separation or divorce of student** – If student has separated or become divorced since the time the FAFSA was filed.

1. Date of divorce or separation: \_\_\_\_\_
2. Name of Primary (Custodial) Parent (after separation or divorce): \_\_\_\_\_
3. Number of family members remaining in household: \_\_\_\_\_ Number in college: \_\_\_\_\_
4. Total amount of child support received or expected to be received in 2009: \_\_\_\_\_
5. Requested Documentation:
  - Legal documentation of separation or divorce (court decisions or divorce decree) or proof that student & spouse are residing separately (copy of lease for house or apartment, utility bills, etc).
  - **SIGNED** copy of 2008 Federal Income tax returns including W2s (**Student and Spouse**).
  - Completed 2009-2010 Independent Verification form.

**Death** – Your spouse received income for the most recently reported tax year, but passed away after you completed the FAFSA.

1. Date of death: \_\_\_\_\_
2. Name of deceased: \_\_\_\_\_ Relationship to student: \_\_\_\_\_
3. Number of family members remaining in household: \_\_\_\_\_ Number in college: \_\_\_\_\_
3. Requested Documentation:
  - Legal documentation of death (such as a copy of death certificate).
  - **SIGNED** copy of 2008 Federal Income tax returns including W2s (**Student and Spouse**).
  - Completed a 2009-2010 Independent Verification form.

**Other** – Catastrophic event affecting family income

1. Requested Documentation:
  - **SIGNED** copy of 2008 Federal Income tax returns including W2s (**Student and Spouse**), including a copy of 2008 Schedule A of your Federal Tax return (if applicable).
  - Completed 2009-2010 Independent Verification form.
  - Letter of explanation.
  - Documentation regarding change

### **Section 3: Certification Statement**

I/We certify that the information on this form is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentations are cause for denial, reductions, withdrawals, and/or repayment of financial aid. I/We also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student's financial aid eligibility.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

**Please complete and return this form via mail to: Brody School of Medicine, Office of Student Affairs/Financial Aid, Brody 2S-20, Mail Stop 613, Greenville, NC 27834, via email to [bsomstudentaffairs@ecu.edu](mailto:bsomstudentaffairs@ecu.edu), or fax at 252-744-3250. If you have any questions, please contact our office at 252-744-2278.**