

2500 Student Activities Bldg. • 515 E. Jefferson St. • Ann Arbor, MI 48109-1316 • tel: 734-763-6600 • fax: 734-647-3081 • email: <u>financial.aid@umich.edu</u> • web: <u>finaid.umich.edu</u>

SEPARATION/DIVORCE QUESTIONNAIRE 2024-2025

DEPENDENT STUDENT

This information is required to process your application for financial aid for the 2024-2025 academic year. Complete this form and return it to the address above within 15 days. All submitted information must include the student's U-M ID number.

| Student's Name: Last | | | First | | | M.I. U-I | M.I. U-M ID Number (eight digits) | | | | |
|---|--|-------|---|--|---|---|-----------------------------------|--|--|--|--|
| U-N | / School/College | | | | | | | | | | |
| SE | CTION A: STATUS OF PARENTS' | DIVOR | CE/SEPARATION | | | | | | | | |
| 1. 2. | Is the parent you listed on the FAFSA divorced? No Yes (if yes, attach a copy of the divorce decree) Are your parents legally separated? No Yes (if yes, attach a copy of the separation/ maintenance agreement) | | | | 3. If your parents are not divorced or legally separated, provide a letter from your custodial parent's attorney that outlines the status of your parents' actions to dissolve their marriage. The letter should outline when the separation began and when it is anticipated that divorce proceedings will begin. Attach the letter to this form. | | | | | | |
| SECTION B: CUSTODIAL PARENT INFORMATION (THIS IS THE PARENT YOU REPORTED ON THE FAFSA AS PROVIDING THE GREATER FINANCIAL SUPPORT) | | | | | | | | | | | |
| | vide copies of custodial parent's signed and dated 2022 federal tax return and W-2 form, if you have not done so already. Parent's Name: Last First M.I | | | | | | | | | | |
| 5. 6. | Date of Divorce: Street Address: City, State, Zip: Telephone: | | | | | | | | | | |
| 11. | Complete the following regarding custodial parent's housel Child support received | | | | Value of assets (not including primary home or parent retirement)\$ Support received for housing, food, | | | | | | |
| 12. | another household\$ Alimony paid to another household\$ List all family members who will be part of your custodial parent's household in 2024-2025. Attach an additional sheet i needed. | | | | | | | | | | |
| | Full names of ALL family members (including parents) ceiving at least 50% of support from your custodial parent See page 2 for information on whom to list | Age: | Relationship to student: (ex: parent, sibling) | Will they be enrolled in a degrr program at a college/universit at least half-time 2024–2025? | y | If enrolled in college/university, what type of program? | Name of college/university: | | | | |

SECTION C: NONCUSTODIAL PARENT INFORMATION

Entering students must complete the 2024-2025 CSS Financial Aid Profile application and the Noncustodial Profile application (also called the Household B Profile).

| 13. | Noncustodial Parent's Name: | | | | | | | | |
|-------------|-----------------------------|------|--|-------|------|--|--|--|--|
| | | Last | | First | M.I. | | | | |
| 14 . | Street Address: | | | | | | | | |
| | City, State, Zip: | | | | | | | | |
| | Telephone: | | | | | | | | |
| 15. | Occupation: | | | | | | | | |
| 16. | Employer: | | | | | | | | |

SECTION D: CERTIFICATION AND AUTHORIZATION

Do NOT submit this form without ALL required signatures.

OFFICE OF

Y OF MICHIGAN

I certify that the information reported on this form is true, complete, and correct. I also agree to contact the U-M Office of Financial Aid if the information provided changes.

Custodial Parent's Signature (handwritten signature is required)

Date