

Office of Financial Aid

Divorced/Separated Parent's Statement 2007-08 Academic Year

This form is to be completed by the non-custodial parent. This information is for Willamette University Office of Financial Aid use only and will not be shared with the student or the custodial parent.

Section I – Student Applicant Information

a. _____ b. _____
 Student's Name Social Security Number

Section II – Non-Custodial Parent's (and current spouse's) Information

2. Parent

3. Parent's Current Spouse

a. Name _____	b. Age ____	a. Name _____	b. Age ____
c. Address _____		c. Occupation _____	
d. Occupation _____		d. Employer _____ No. years ____	
e. Employer _____ No. years ____		e. Work telephone _____	
f. Work telephone _____			

4. Parent's support of former household

a. Name of person who claimed the student as a dependent on most recent U.S. tax return: _____	2006	2007
b. Annual child support paid for all children: _____	_____	_____
c. Annual child support paid for the applicant: _____	_____	_____
d. When will (did) applicant's support end? _____	_____	_____
e. Alimony paid: _____	_____	_____
f. What do you expect to contribute to the applicant's education in addition to child support? _____	_____	_____

5. Parent's current household

a. Total number of exemptions claimed or expected to be claimed on parent's U.S. income tax return for:
 2006 _____ 2007 _____

b. Total size of the parent's household during 2007-08; include other dependent children and any others in the household for whom you provide more than 50% of their support: _____

c. Of the number listed above in your household, how many (not parents) will be in college in 2007-08? (Include only those enrolled at least half-time) _____

d. Date of separation or divorce from student's custodial parent: _____

e. If non-custodial parent (you) have remarried, date of remarriage: _____

6. For those included in parent's household above (b), please provide the following information:

Name	Age	Relationship to student	School of college attending in 2007-08
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section VI – Certification and Authorization

I declare that the information reported on this form is true and correct and complete. I agree that, to verify information reported on this form, I will, on request provide an official copy of my U.S. income tax return. I further agree to provide, if requested, any other official documentation necessary to verify information reported.

Student applicant's non-custodial parent's signature:

Signature

Please print name

Date completed

Please send completed form to:

*Willamette University
Office of Financial Aid
900 State Street
Salem, OR 97301*

*503-370-6588 (fax)
503-370-6273 (phone)*