2012-2013

Student\Spouse Income Breakdown

Office of Scholarships and Financial Aid
Lucina Hall 245
Ball State University
Muncie, IN 47306-0880

Telephone # (765) 285-5600
Toll free # (800) 227-4017
FAX (765) 285-4247
TDD# (765) 285-2202
WWW www.bsu.edu/finaid

We have received the data from your Free Application for Federal Student Aid (FAFSA). You must respond to all item(s) listed and supply the Office of Scholarships and Financial Aid with any requested documentation.

You reported that you are separated, widowed or divorced but you submitted a joint tax return.

1. If you are married, check here ____.
   a. Complete item 3.
   b. Return this letter and your 2011 Federal Income Tax Transcript to our office.

2. If you are currently separated, divorced, or widowed proceed as follows:
   a. Beside each line of income on the 2011 tax transcript indicate the amount attributable to you. If zero, indicate zero. If income from checking accounts, savings accounts, dividends, etc. were held jointly, then usually 50% of that income is applicable to you.
   b. Attach W-2 forms to verify your wages.

3. You must complete the following statement. List information for all family members that you will support between July 1, 2012 and June 30, 2013. Include:
   a. yourself;
   b. spouse;
   c. dependent children if they will get more than half their support from you from July 1, 2012 through June 30, 2013;
   d. all other people who will live with and receive more than one half of their support from you between July 1, 2012 and June 30, 2013.

Full name	Age	Relationship to the student

Of the people above, list those who are or will be enrolled in college at least half-time (6 credit hours or 12 clock hours per week) for at least one term between July 1, 2012 and June 30, 2013. To be listed here, a college student must be working toward a degree or certificate leading to a recognized education credential at a college that is eligible to participate in any of the federal student aid programs.

Full name	Social Security #	Name of College

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Please return this form and any other requested documentation to:
BALL STATE UNIVERSITY, OFFICE OF SCHOLARSHIPS AND FINANCIAL AID,
MUNCIE, IN 47306. FAX #: (765) 285-4247

CERTIFICATION STATEMENT: You must read and sign this statement. I certify that all of the information provided on this letter and on any attached documentation is accurate and complete. If I purposely give false or misleading information, I may be fined $20,000, sent to prison, or both.

Student Signature _____ Date_____

Ball State Student ID # _____