



2011-2012
 Financial Aid Department
 570 Golden Eagle Avenue
 Quincy, CA 95971
 FAX (530) 283-4659
**STUDENT DIVORCE/SEPARATED
 STATEMENT**

STUDENT INFORMATION

Last Name	First	MI	Student ID
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All questions must be answered; indicate zero if the question does not apply.

Current Marital Status

Indicate your marital status as of today: _____ Date of most recent marital status
 Married Remarried Separated Divorced MM/DD/YY

_____ Number of family members in your household, which includes yourself, your spouse (if married today); your children who receive more than half their support from you/your spouse from July 1, 2011 through June 30, 2012; and other people who live with you/your spouse and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2011 through June 30, 2012.

_____ Number of above family members who are, or will be, attending college in the 2011-2012 academic year. Always count yourself, plus any other family members who attend at least half-time.

Former Spouse's Information

Please provide the following information about your former spouse:

Last Name	First Name	Date of Birth
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Street Address	City	State	Zip Code
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Is this person currently a student at Feather River College? Yes No

<u>Other Sources of Income</u>			<u>Division of Assets</u>	
	2011	2012		
Total child support received for all children	\$ _____	\$ _____	Do you have full or partial ownership of assets, such as real estate, savings, investments, etc., other than the home in which you live? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony or spousal support you received	\$ _____	\$ _____	If YES, What is the TOTAL value of the asset(s)?	\$ _____
			What is the TOTAL debt on the asset(s)?	\$ _____
			What is your percentage of ownership:	_____ %

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Who makes the rent or mortgage payment on your permanent residence?

_____ Amount paid per month \$ _____
Last Name First Name

Relationship to student

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have given on this form.

Student's Signature

Date