

2016-17 CLARIFICATION OF MARITAL STATUS

Last Name: _____

First Name: _____

Last Four Digits of SSN: _____

EMPL ID: _____

The marital status reported on your 2016-2017 Free Application for Federal Student Aid (FAFSA) does not agree with the 2015 IRS Tax Return filing status. Complete, sign and return this form to the Office of Financial Aid within two weeks with appropriate documentation. Failure to return this form in a timely fashion will delay the processing of you FAFSA application.

Dependent:

What is your parent's tax filing status according to their 2015 IRS TAX Return?

Parent 1

-
- Single
-
-
- Head of household
-
-
- Married-filed joint
-
-
- Married-filed separate
-
-
- Qualifying widow(er)

Parent 2

-
- Single
-
-
- Head of household
-
-
- Married-filed joint return
-
-
- Married-filed separate
-
-
- Qualifying widow(er)

What was your parents' marital status as of the date you filed your FAFSA?

-
- Single
-
-
- Separated Month: _____ Year: _____
-
-
- Married or remarried Month: _____ Year: _____
-
-
- Divorced Month: _____ Year: _____
-
-
- Widowed Month: _____ Year: _____
-
-
- Unmarried but Living Together -
- No further explanation is required with this selection*

Independent:

What is your tax filing status according to your 2015 IRS TAX Return?

Student

-
- Single
-
-
- Head of household
-
-
- Married-filed joint
-
-
- Married-filed separate
-
-
- Qualifying widow(er)

Spouse

-
- Single
-
-
- Head of household
-
-
- Married-filed joint return
-
-
- Married-filed separate
-
-
- Qualifying widow(er)

What was your marital status as of the date you filed your FAFSA?

-
- Single
-
-
- Separated Month: _____ Year: _____
-
-
- Married or remarried Month: _____ Year: _____
-
-
- Divorced Month: _____ Year: _____
-
-
- Widowed Month: _____ Year: _____

Explain Below the discrepancy between the FAFSA marital Status and 2015 IRS Tax Return Filing status:

CERTIFICATION: I/we declare that all the information reported to qualify for Federal student aid is complete and correct.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

FA STAFF COMMENTS:

OFFICIAL USE ONLY

FA STAFF _____ Date _____ FA Counselor _____ Date _____

Action Taken: ____ OK to Update Checklist ____ Sent for ISIR Corrections ____ Request Additional Documentation