



2020-2021 Marital and Tax Filing Status Form – PARENT

Student Name: _____ ID#: _____

Please have your FAFSA parent indicate their marital status and submit this signed and completed form to the Enrollment Center. Both sections of the form must be completed before submitting. Leaving any section blank will result in an incomplete form.

Section 1: What is your Marital Status as of **December 31, 2018**? *(Please only select one marital status type)*

- Single *(Never Married or Unmarried)*
- Married or Re-married *(Legally married OR considered married through common law marriage)*
Date of Marriage or Re-marriage (mm/dd/yyyy): _____
- Married to a Non-Resident Alien and consider myself Unmarried for tax filing purposes *(per IRS Publication 17)*
Date of Marriage or Re-marriage (mm/dd/yyyy): _____
- Divorced *(Parent has obtained a Final Divorce Decree and has not been re-married)*
Date of Divorce (mm/dd/yyyy): _____
- Separated *(Not living together and consider marriage to be severed and reasonable to assume absent spouse was not returning home.)*
Date of Separation (mm/dd/yyyy): _____
- Widowed *(Widowed and have not re-married)*
Date Widowed (mm/dd/yyyy): _____

Section 2: What is your Marital Status as of the date you first signed and submitted your 2020-2021 FAFSA? *(Please only select one marital status type)*

- Never Married *(Or considered never married under common law marriage)*
- Married *(Legally married OR considered married through common law marriage)*
Date of Marriage or Re-marriage (mm/dd/yyyy): _____
- Re-married *(Legally married OR considered married through common law marriage)*
Date of Re-marriage (mm/dd/yyyy): _____
- Un-married and living together *(Only to be used when referencing biological and adoptive parents)*
- Divorced *(Parent has obtained a Final Divorce Decree and has not re-married)*
Date of Divorce (mm/dd/yyyy): _____
- Separated *(Not living together and consider marriage to be severed and reasonable to assume absent spouse was not returning to the home.)*
Date of Separation (mm/dd/yyyy): _____
- Widowed *(Widowed and have not re-married)*
Date Widowed (mm/dd/yyyy): _____

Further documentation or clarification may be requested from you based on your answers to the above questions.

By signing this form you are certifying that all information on the form is correct and that you will provide the requested documents to verify the information. If you purposely give false or misleading information on this form, you may be referred to the Inspector General which could result in being fined, sent to prison, or both.

Parent Signature

Date Signed