

OFFICE U	SE ONLY
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Collection date:_____ In-person (initial): ____ Fax/Email (initial): ____ Mail (initial): ____

2016-2017 Clarification of Marital Status Dependent Student

Name:		EMPL ID#:
Your parent's marital status rep submit this form to the Office o		pes not agree with their 2015 IRS Tax Return filing status. Complete and
What is your parent's tax filin	g status according to the	rir 2015 IRS Tax Return Transcript?
□ Single		
□ Head of Household		
□ Married Filing Jointly		
□ Married Filing Separately		
□ Qualifying widow(er)		
What was your parent's mari	tal status as of the date y	ou filed your FAFSA?
□ Single		
□ Separated	Month:	Year:
□ Married or remarried	Month:	Year:
□ Divorced	Month:	Year:
□ Widowed	Month:	Year:
	rrent and prior utility bills i	certificate, divorce decree, legal separation agreement, 1040X amended indicating mailing address, copy of leases, notarized statements, third-
CERTIFICATION & SIG I understand that if I purposely	NATURE: I certify that give false or misleading	all of the information reported on this worksheet is complete and correct. information, I could be fined, jailed, or both.
Student's Signature		Date
Parent's Signature		Date