

**Prairie State College**  
**Dependent Student**  
**Marital Status Affidavit**

Financial Aid Office  
Phone: (708) 709-3735  
Fax: (708) 709-3716

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

In order to determine eligibility for Financial Aid, our office is required by the Department of Education to verify any information required on the **Free Application for Federal State Aid (FAFSA)**.

When completing this form, please keep in mind the following program restrictions:

- Complete this form in its entirety. (Yes, no, and if a question does not apply, N/A or 0 may be used.)
- This form must be signed and dated by the person completing.

Parent Name: \_\_\_\_\_

**Choose and complete the appropriate numbered statement below:**

1. I am **divorced**. Attached a copy of divorce decree.
2. I am currently **legally** separated from my spouse. As of \_\_\_\_\_ (date)  
*Attach a copy of legal separation paperwork if marked.*
3. I am currently, but **not legally**, separated from my spouse. I began the legal process on \_\_\_\_\_ (date) and I anticipate this separation to be permanent.  
*Attach documentation from attorney or legal aid showing pursuit of inquiry regarding divorce or legal separation if marked.*
4. I am currently, but **not legally**, separated from my spouse, and I have not begun the legal process for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
My spouse and I operate separate households, our separation is permanent, and my spouse will not reside in the unit.
5. I am widowed. (Attached a copy of spouse Death Certificate)
6. I am married/remarried.
7. I am single.

**I verify that the information provided above is true and accurate to the best of my knowledge, information, and belief. I understand that intentionally providing false information could result in penalties of fraud punishable under State and Federal Regulations. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Subscribed and sworn to me before under oath this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

Notary Public, State of \_\_\_\_\_ My commission expires on \_\_\_\_\_, \_\_\_\_\_.