

Dependent Student Marital Status Affidavit

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.
- This form must be signed and dated by the person completing the form.

Parent Name: _____

Check the box that applies and complete the statement where appropriate:

- I am **divorced**. *Attach a copy of divorce decree.*
- I am currently **legally** separated from my spouse as of _____ (date). *Attach a copy of legal separation paperwork if marked.*
- I am currently, but **not legally**, separated from my spouse as of _____ (date). 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.*
- I am currently, but **not legally**, separated from my spouse as of _____ (date), 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.
- I am widowed. *Attach a copy of spouse Death Certificate.*
- I am remarried as of _____ (date).
- I have never been married.
- I am married as of _____ (date).

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.

Applicant 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 _____, _____.