

## Independent 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
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Parent Signature	Date
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Subscribed and sworn to me before under oath this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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