



2021-22 Student/Parent Marital Status Affidavit

Financial Aid Office: Building B, Room 232

Student's Legal Name _____

Student ID Number _____ Phone _____

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). If you are a **DEPENDENT** student, the below information pertains to the parent(s) listed on your 2021-22 FAFSA. **Please note: This form must be notarized.**

Parent's Name (If Dependent Student) _____

Choose one and attach proof when applicable:

- I am **divorced**. Month and year you were **divorced** _____.
(month/year)
 - Attach a copy of divorce decree.
- I am currently **legally separated** from my spouse. Month and year you were **legally separated** _____.
(month/year)
 - Attach a copy of legal separation paperwork.
- I am **not legally separated** from my spouse. My spouse and I operate separate households. Our separation is permanent, and my spouse will not reside in the unit. Month and year you were separated _____.
(month/year)
 - Attach documentation (Government Issued ID's, 2019/2020 tax documents, and rental/lease/mortgage documentation) that you and your spouse reside in different households.
- I am **widowed**. *Attach a copy of spouse Death Certificate.*
- I am **married/remarried**. Month and year you were married/remarried _____.
(month/year)
 - Attach a copy of marriage license.
- I am **single**. I have never been married.

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Certifications and Signatures

Federal Warning: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$10,000 or imprisonment of up to five years or both under provisions of the U.S. Code. I declare under penalty of perjury that all information reported on this form and all the information reported on the 2021-2022 Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete, and accurate.

I certify that I have read and understand all items on this form and all information provided for my financial aid is **true and correct**.

Student Signature _____ Date _____

Parent Signature _____ Date _____

State of _____ City/County of _____ on (include date) _____

I (Name of Notary) _____ a notary public, do certify, that

(Printed name of signee) _____ personally appeared

before me and proved to me on the basis of satisfactory evidence to be the person whose name(s) appears above. The *type of government issued photo ID provided** is _____.

Notary Signature _____

My Commission Expires on _____

***A copy of your government-issued ID must be attached to this form.**

Notary Stamp/Seal Below