



Marital Status/ Tax Filing Status Verification Form 2019-2020

Student Name: _____

Student Id: _____

According to your 2019-2020 Free Application for Federal Student Aid (FAFSA), there is a conflict in your (or your parent's, if a dependent student) marital status or the status originally reported on the FAFSA has been changed. In order to resolve this conflict or to verify the status change, please read this form and complete as directed. The Department of Education requires Coffeyville Community College to verify that the student (or parents) did, in fact, use the correct filing status at the time the application was submitted. You may be required to update the FAFSA to accurately reflect your marital status/tax filing status. Before your eligibility for federal aid can be determined, this form must be completed and returned with all required documents. **If you do not provide ALL necessary documents, your file will not be reviewed.**

STEP ONE: PARENT'S MARITAL STATUS

This form is being completed for: **the student** or **the student's parents**

IF YOU OR YOUR PARENTS ARE...	THEN.....
<input type="checkbox"/> SINGLE	Please attach a signed statement explaining the discrepancy in marital status
<input type="checkbox"/> MARRIED	Please attach a copy of the marriage license or certificate
<input type="checkbox"/> REMARRIED	Please attach a copy of the marriage license or certificate
<input type="checkbox"/> DIVORCED	Please attach a copy of the final court ordered divorce decree
<input type="checkbox"/> WIDOWED	Please attach a copy of the obituary, death certificate
<input type="checkbox"/> SEPARATED	Please follow instructions on reverse side in the STEP TWO section

If you are legally married and filed your taxes as Head of Household for 2017, you may need to file an amended tax return (form 1040X) reflecting the correct filing status. If your tax professional indicated you were eligible to file as Head of Household (despite being married); please complete this form and provide something from your tax preparer on letterhead.

Student's Signature

Date

Parent's Signature (required, if a Dependent Student)

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

STOP HERE if you checked single, married, remarried, divorced, or widowed. You are only required to complete STEP ONE. Please return completed form to the Financial Aid Office.

400 W 11TH ST, Coffeyville, KS 67337 | (620) 251-7700 | faquestions@coffeyville.edu

STEP TWO: NOTICE OF SEPARATION

1. This section is only completed if the response to current marital status is SEPARATED in Section 1 of this form.
2. **Marital separation is defined as:** (a) One of the partners has left the household for an indefinite period; and (b) the marriage is severed. If your circumstance does not meet this definition, then you (or your parent, if a dependent) are required to submit your (or your parent's) spouses' information. Note: you must meet both parts of the definition to be considered separated.
3. **You must complete this section and provide each of the following:**

CERTIFICATION AND STATEMENT OF MARITAL SEPARATION: Please complete the certification statement below with names, dates, address, notarization, and signature(s). A reference letter from a non-family (clergy member, lawyer, landlord, counselor, etc.) which confirms your separation claim.

SUPPORTING DOCUMENTATION: Please attach a copy of your 2017 W2s, tax returns, and copies of documents which are in your name only (such as utility bills, lease/rental/mortgage documents, and bank statements).

STEP THREE: CERTIFICATION AND STATEMENT OF MARITAL SEPARATION

I, _____, do hereby certify that my current marital status is separated from my spouse,
(Print Name)

_____ since ____/_____. I certify that we are and have continued
(Print Name) (month and year of separation)

living separated and the marriage is severed. Currently, my separated spouse resides at:

SEPARATED SPOUSE INFORMATION (Please Print)

Name: _____

Address: _____

City, State, Zip: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Notary

SWORN AND SUBSCRIBED BEFORE ME

This ____ day of (month) _____, (year) _____

Signature of Notary Public

My commission expires: _____

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct.

Student's Signature

Date

Spouse's or Parent's Signature

Date