

2019-2020

Parent Marital Status Form

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Black Ink Only

The Parent Marital Status form is used to document loss of income due to divorce or death of parent, or to reconcile a discrepancy of information reported on the FAFSA regarding the parent's tax filing status and marital status.

| Student Name Student ID Phone Number (include are Please select the option that applies to your parent's current situation, and submit this form with the | a code) |
|---|----------------------|
| Please select the option that applies to your parent's current situation, and submit this form with the | |
| required documentation. | |
| ☐ Married/Remarried | |
| Date of status: (required) | |
| Required documentation: 2017 tax return transcript(s) for both parents (requested from IRS) | |
| ☐ Divorced/Widowed | |
| Date of status: (required) | |
| Required documentation: Divorced: copy of final divorce degree, and 2017 Wage and Income Statement (from IRS) for custodial Widowed: copy of death certificate, and 2017 Wage and Income Statement (from IRS) for custodial part | • |
| □ Separated | |
| Date of status: (required) Required documentation: Petition for divorce from courts, legal separation court document (if not married TX), or parent can submit typed & signed statement answering the following questions, with this form, to o office: Last date of contact with your spouse? Late date you attempted to contact your spouse? Circumstances surrounding the separation, if no court paperwork. Please explain why divorce proceeding not being pursued. Do you and your spouse maintain separate households, specifically separate addresses? If so, for how legislates? Do you receive or give any financial help/assistance to/from your spouse? (e.g. child care, funds for live medical insurance, etc.) | ur ngs are ong |
| Certification & Signature(s) | |
| I certify the information on this appeal to be complete and accurate and that I have attached the required documentation. If any of the information changes, I understand I must promptly notify the Office of Financial Assistance and that the student listed on this form may be responsible for repayment of financial received if I fail to do so. Parent signature (required) Date | |