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 area code)

Instructions: 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 if Married/Remarried)

Required Documentation:
• 2020 tax return transcript(s) (requested from IRS) or signed 2020 tax returns for both parents

☐ Divorced/Widowed

Date of Status: ____________ (Required if Divorced/Widowed)

Required Documentation:
• Divorced: copy of final divorce degree, and 2020 Wage and Income Statement (from IRS) for custodial parent or copies of all 2020 W2s for both parents
• Widowed: copy of death certificate, and 2020 Wage and Income Statement (from IRS) for custodial parent or copies of all 2020 W2s for both parents

☐ Separated

Please initial one option below:

_____ I have attached the required documentation as proof of separation: Petition for divorce from courts, legal separation court document (if not married in TX.)

OR

_____ I certify that I am separated from my spouse as of the following date _____________.
I maintain a separate household from my spouse, which includes independently paying more than 50% of my household’s expenses. Household expenses include mortgage/rent, utilities, food, child care, and health care.

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 aid received if I fail to do so.

Printed Name of Parent (Required)

Parent Signature (Required)                        Date (Required)