



You are receiving this form because the marital status you and/or your parent(s) reported on FAFSA® does not match the 2021 IRS tax return filing status. Please complete and submit this form to the Financial Aid Office. COCC may require additional documentation.

Student name (print clearly) _____

COCC ID number _____

Student's Marital Status	Parent's Marital Status (if dependent student)
<p>What was your tax filing status according to their 2021 IRS Tax Return? Select only one option.</p> <p><input type="checkbox"/> Did not file 2021 tax return</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return</p> <p><input type="checkbox"/> Qualifying Widow(er)</p>	<p>What was your parent's tax filing status according to their 2021 IRS Tax Return? Select only one option.</p> <p><input type="checkbox"/> Did not file 2021 tax return</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return</p> <p><input type="checkbox"/> Qualifying Widow(er)</p>
<p>What was your marital status as of the day the FAFSA® was filed? Select only one option.</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Remarried</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widow(er)</p> <p>Date of married/remarried/divorced/widowed/separated status?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">MM/YYYY</p>	<p>Your parent's (including step-parent) marital status as of the day the FAFSA® was filed? Select only one option.</p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Unmarried and living together</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Remarried</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widow(er)</p> <p>Date of married/remarried/divorced/widowed/separated status?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">MM/YYYY</p>

Please clarify the tax filing status listed above given the marital status on the FAFSA®. Please include date of marital status change, if applicable.

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts cannot be accepted.

Student signature _____

Date _____

Parent signature (dependent students only) _____

Date _____