



You are receiving this form because the marital status you and/or your parents reported on FAFSA does not match with 2015 IRS tax return filing status. Please complete and submit this form to the Financial Aid Office. COCC may also require additional documentation based on the responses on this form.

Student name (print clearly) \_\_\_\_\_

COCC ID number \_\_\_\_\_

Student's Marital Status	Parent's Marital Status (if dependent student)
<p><b>What was student's tax filing status according to their 2015 IRS Tax Return? Select only one option.</b></p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Qualifying Widow(er)</p> <p><input type="checkbox"/> Did not file 2015 tax return</p>	<p><b>What was your parent's tax filing status according to their 2015 IRS Tax Return? Select only one option.</b></p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Qualifying Widow(er)</p> <p><input type="checkbox"/> Do not file 2015 tax return</p>
<p><b>What was student's marital status as of the day the FAFSA was filed? Select only one option.</b></p> <p><input type="checkbox"/> Single/Never Married</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Married/Remarried</p> <p><input type="checkbox"/> Divorced/Widow(er)</p> <p><b>Date of student's marital status?</b> _____ MM/YYYY</p>	<p><b>Your parent's (including step-parents) marital status as of the day the FAFSA was filed? Select only one option.</b></p> <p><input type="checkbox"/> Single/Never Married</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Married/Remarried</p> <p><input type="checkbox"/> Divorced/Widow(er)</p> <p><b>Date of parent's marital status?</b> _____ MM/YYYY</p>

Please explain why you were allowed to use the filing status listed above given your marital status on the FAFSA. Please include date of marital status change, if applicable.

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

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Parent signature (dependent students only) \_\_\_\_\_

Date \_\_\_\_\_

Reviewer use only

FAFSA \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sequence \_\_\_\_\_

Date \_\_\_\_\_

Initial \_\_\_\_\_