



You are receiving this form because the marital status you and/or your parents reported on FAFSA® does not match with 2017 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>What was student's tax filing status according to their 2017 IRS Tax Return? Select only one option.</p> <p><input type="checkbox"/> Did not file 2017 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 2017 IRS Tax Return? Select only one option.</p> <p><input type="checkbox"/> Do not file 2017 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 student's 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 or 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 or 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 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.

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 _____