



## 2023-2024 Parent Verification of Marital and/or Tax Filing Status

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

Your 2023-2024 FAFSA application has been identified by the Department of Education for potentially containing conflicting information between your parents' Marital Status and Tax Filing Status. Federal Regulations require that institutions verify the accuracy of this data and **resolve** any conflicting information.

**Log on to <https://fafsa.gov> and make the corrections to your parents' marital status and tax filing status.**

**If you feel that the FAFSA application is accurate and does not need to be corrected**, please complete and return this form, including an explanation if necessary, in the appropriate box. **Please complete in blue or black ink.**

**Please Note:** Your 2023-2024 FAFSA will be updated, as needed, based on the information provided on this form.

What is your parents' Marital Status as of the date you completed the 2023-2024 FAFSA	Please indicate your parents' tax filing status as stated on their 2021 Federal Tax Return
<input type="checkbox"/> Single <input type="checkbox"/> Unmarried	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household
<input type="checkbox"/> Married or Re-Married Date of Marriage: _____  Name of Spouse: _____  Spouse's Date of Birth: _____	<input type="checkbox"/> Married Filing Joint Return <input type="checkbox"/> Married Filing Separate Return ( <b>You must report both parent's income on the FAFSA</b> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Both parent's income is reported on the FAFSA</li> <li><input type="checkbox"/> Both parent's income is not reported on the FAFSA.</li> </ul> Explanation: _____
<input type="checkbox"/> Divorced or Separated Date of Divorce or Separation: _____ <b>(Please attach divorce decree or separation agreement, if applicable.)</b>	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household
<input type="checkbox"/> Widowed Date Widowed: _____	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widower ( <b>By Checking this box you certify you are a qualifying widower and have provided only the surviving spouse's income on the FAFSA</b> )

I certify that all the information reported on this form is complete and accurate. I understand that I may be required to provide additional documentation. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
 Student Signature Date Parent Signature Date