



**2019-2020 Marital Status Resolution Form - Dependent**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SWC ID Number</b>
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The Department of Education requires a student's parent(s) to report marital status as of the date you signed and submitted your FAFSA. There is conflicting information regarding your parent(s)' marital status. Complete this form with the parent(s) for whom information was requested on your FAFSA. If parent(s)' income is requested, submit **PHOTOCOPIES** of proof of income (e.g., tax transcript, W-2 forms). If your marital status does not fall under the "Yes" or "No" categories listed below, please explain in "Other."

**A. Parent(s)' marital status**

As of the date you signed and submitted your original 2019-2020 FAFSA, were your parent(s)/stepparent living together?

- YES**, their marital status is:
  - MARRIED** as of *(date)* \_\_\_\_\_. Please provide PHOTOCOPY of 2017 parent tax transcript, W-2's and/or IRS Verification of Non-Filing Letter.
  - REMARRIED** as of *(date)* \_\_\_\_\_. Please provide PHOTOCOPY of 2017 stepparent tax transcript, W-2's and/or IRS Verification of Non-Filing Letter.
  - UNMARRIED, BOTH PARENTS LIVING TOGETHER**. Please provide PHOTOCOPY of 2017 parent tax transcript, W-2's and/or IRS Verification of Non-Filing Letter.
- NO**, their marital status is:
  - SEPARATED** as of *(date)* \_\_\_\_\_.  
Please provide the name of the parent who financially supports you more than 50%: \_\_\_\_\_
  - DIVORCED** as of *(date)* \_\_\_\_\_.  
Please provide the name of the parent who supports you more than 50%: \_\_\_\_\_
  - WIDOWED** as of *(date)* \_\_\_\_\_.
  - SINGLE (NEVER MARRIED)**.  
Please provide the name of the parent who financially supports you more than 50%: \_\_\_\_\_
  - MARRIED, as of *(date)* \_\_\_\_\_, BUT NOT LIVING TOGETHER** . Please provide explanation of why your parents are not living together, along with 2017 income information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- OTHER**. My marital status is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Certification**

Signing this form certifies that the information reported is complete and correct and that any false statement or failure to provide proof when asked may be cause for delay, denial, reduction or withdrawal of financial aid. **Warning: purposely giving false and/or misleading information may be cause for a fine, sentence to jail or both.**

Student Signature	Date	Parent Signature	Date
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**Submit this form to the Southwestern College Financial Aid Office or to any of the Student Services Departments at any of the Higher Education Centers. You should make a photocopy of this form for your records.**