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2018-2019
Student Marital Status Form

SMAR19

Your 2018-2019 FAFSA was flagged by the Department of Education for the verification process. This form is required because there is a discrepancy between your tax filing status, and the marital status reported on the 2018-2019 FAFSA application. You are required to submit this form and any supporting documentation within 14 business days. **Please note, your need based financial aid will not disburse until the verification process is completed**. Our office will complete the verification process within 10 business days once all required documentation has been received.

Black Ink Only

_____   _____
Last Name   First Name   M.I.   Student ID

_____   _____
Phone Number *(include area code)*   Email

Please select the option that applies to your current situation, and submit this form with the required documentation

☐ **MARRIED/ REMARRIED**

   DATE OF STATUS: _____ **(REQUIRED)**

   Required Documentation: 2016 tax return transcripts for both student and their spouse (requested from IRS)

☐ **DIVORCED**

   DATE OF STATUS: _____ **(REQUIRED)**

   Required Documentation: Copy of final divorce decree, all 2016 W2s or Wage and Income Statement (from IRS)

☐ **SEPARATED**

   DATE OF STATUS: _____ **(REQUIRED)**

   Required Documentation: Petition for divorce from courts, legal separation court document (if not married in TX), or submit typed/ signed statement answering the following questions, with this form, to our office:

   1. Last date of contact with spouse?
   2. Last date you attempted to contact your spouse?
   3. Circumstances surrounding the separation, if no court paperwork, please explain why divorce proceedings are not being pursued?
   4. Do you and your spouse maintain separate households, specifically separate addresses, if so for how long (dates)?
   5. Do you receive or give any financial help/assistance to/from your spouse? (EX: child care, funds for living, medical insurance)?

CERTIFICATION STATEMENT

I certify the information on this form to be complete and accurate, and that I have attached the required documentation. If any of the information changes, I understand I must promptly notify the UIW Office of Financial Assistance and that I may be responsible for repayment of financial aid received if I fail to do so.

Student Signature: _____   Date: _____
                                (Required)