



2016-2017 Professional Judgment Marital Status Change

Student Name: ID# Phone: ()

This form may be used for the 2016-2017 academic year if you and/or your family experienced a marital status change in 2015.

Section A: Indicate whether you are requesting a marital status change for you or your parent's by checking the appropriate box.

- STUDENT'S MARITAL STATUS CHANGE - By checking this box you will need to provide the information below pertaining to you and your spouse. Indicate which marital status should have been reported on FAFSA:
Single
Divorced/separated (Go to Section B & C of this form)
Widowed
Married (Attach marriage license) Date of marriage:
Common Law Marriage. Date marriage began:
PARENT' MARITAL STATUS CHANGE - By checking this box you will need to provide the information below pertaining to your parents. Indicate which marital status should have been reported on FAFSA:
Never Married
Unmarried and both biological parents living together
Divorced/separated (Go to Section B & C of this form)
Widowed
Married (Attach marriage license) Date of marriage:
Common Law Marriage. Date Marriage began:

Section B: Please provide the following information:

- Date of divorce or separation
When was the last year you filed a joint tax return?
Do you intend to proceed with the divorce?
Do you have a court date for the divorce proceedings?

Section C: Please provide all documentation listed below:

- Letter of explanation
Fill out the 2016-2017 Household Worksheet and list current household members, relationship and age
Proof of monthly child support you will receive in 2016
2015 Federal Tax Return Transcript(s) along with W2s, 1099, etc.
If you are not pursuing a divorce or do not have a court date for the divorce proceedings, you will need to provide a statement on letterhead which confirms your separation claim from a third objective person (not a friend or relative) who can confirm the separation in his/her professional capacity. For example: your pastor, marriage counselor or attorney. A notarized statement is NOT acceptable.

Signatures/Initials

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Parent Date / /

For office use only: Received by