



Student's Name: \_\_\_\_\_ WCJC ID # \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

You or your parents' marital status reported on the FAFSA® may be in conflict. The conflicting information must be resolved prior to WCJC offering or disbursing financial aid funds. Please complete the information below.

**Student's Marital Status**

- ☐ I have never been married
- ☐ I am married. Date of marriage: \_\_\_\_\_
- ☐ I am in a common law marriage. Date of union: \_\_\_\_\_ State of union: \_\_\_\_\_
- ☐ I am married; however, I am separated from my spouse. Date of separation: \_\_\_\_\_  
Address of spouse: \_\_\_\_\_
- ☐ I am divorced. Date of divorce: \_\_\_\_\_

**Parent's Marital Status**

- ☐ My parents are married.
- ☐ My parents have never been married but are living in the same household. Date: \_\_\_\_\_
- ☐ My parents have never been married and are living in separate households.
- ☐ My parents are in a common law marriage. Date of union: \_\_\_\_\_ State of union: \_\_\_\_\_
- ☐ My parent/step-parent listed on the FAFSA® is married/remarried. Date of marriage: \_\_\_\_\_
- ☐ My parent/step-parent is married but currently separated. Date of separation: \_\_\_\_\_  
Address of each parent: \_\_\_\_\_
- ☐ My parent(s) is/are divorced and are considered single. Date of divorce: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Submit supporting documentation which may include copies of a marriage certificate, divorce decree, signed statement from spouse or partner, etc.

**Certification**

I certify that the above information is true and accurate. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. False statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. If student is dependent, one parent whose information was reported on the FAFSA® must sign and date this form.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_