## MT. SAN ANTONIO COLLEGE FINANCIAL AID OFFICE

RETURN TO: Mt. San Antonio College Financial Aid Office 1100 N. Grand Avenue Walnut, CA 91789



|   | 2015-16 MARITAL STATUS   | RESOLUTION FORM - PARENT   |
|---|--|--|
| Student's Name:   |  | Date:  |
| Mt. SAC ID #:   |  |  |
| your FAFSA. Please complete the   |  | poort their marital status as of the date you signed and submitted information was requested on your FAFSA and return along with al Aid Office.  |
| Parents' Marital Status at Time   | Submitting 2015-2016 FAFSA   |  |
| As of the date you signed and s   | ubmitted your original 2015-2010   | 6 FAFSA, were your parents living together?   Yes   No   |
| As of the date you signed and s   | ubmitted your original 2015-2010   | 6 FAFSA, select your parent's marital status (Check <b>ONLY</b> One):  |
| ☐ Married/Remarried   | – Date of Marriage:  |  |
| Remarried (to step-parent)  | – Date of Re-Marriage:   |  |
| Separated   | <ul><li>Date of Separation:</li></ul>  | Submit a copy of a court document showing date of separation.  |
| Divorced  | – Date of Divorce:   | Submit a copy of Divorce Decree.   |
| Widowed   | – Date Widowed:  |  |
| Single (Never Married)  |  |  |
|   | ents living together? Yes carent's marital status (Check ON – Date of Marriage: — Date of Separation: — Date of Divorce: — Date Widowed: — |  |
|   | s) in their CURRENT household in   |  |
| Name of Parents' Dependent(s  | · · · · · · · · · · · · · · · · · · ·  | Date of Birth  |
|   | ·  |  |
| I understand that by signing this form understand that Mt. San Antonio Co | llege's Financial Aid Office has the aut   | on that will verify the accuracy of the completed form. Also, I certify that I chority to verify information reported on this form with other federal and state formation, I may be fined up to \$20,000, sent to prison, or both. |
| Student's Signature:  |  | Date:  |
| Parent's Signature:   |  | Date:  |