

**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 - STUDENT

Student's Name: _____

Date: _____

Mt. SAC ID #: _____

The Department of Education requires students to report their marital status as of the date you signed and submitted your FAFSA. Complete this form and return along with supporting documentation to Mt. San Antonio College's Financial Aid Office.

Marital Status as of date you signed and submitted your original 2015-2016 FAFSA (Check ONLY One):

- ☐ Married/Remarried – Date of Marriage: _____
- ☐ Separated – Date of Separation: _____ (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)

Marital Status as of today (Check ONLY One):

- ☐ Married/Remarried – Date of Marriage: _____
- ☐ Separated – Date of Separation: _____ (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)

Please list all dependent(s) in your **CURRENT** household, including your spouse (if applicable):

Name of Dependent(s)/Spouse

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

I understand that by signing this form I agree, if asked, to provide information that will verify the accuracy of the completed form. Also, I certify that I understand that **Mt. San Antonio College's Financial Aid Office has the authority to verify information reported on this form with other federal and state agencies.** I further understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student's Signature: _____

Date: _____