



2018-2019 MARITAL STATUS RESOLUTION FORM - PARENT

Complete form in blue or black ink

The Department of Education requires the student's parent(s) to report their marital status as of the date you signed and submitted your Free Application for Federal Student Aid (FAFSA). Please complete this form with parent(s) for whom information was requested on your FAFSA and return along with supporting documentation to Mt. San Antonio College's Financial Aid Office.

STEP 1: DEPENDENT STUDENT'S INFORMATION

_____	_____	_____	_____
Student's Last Name	Student's First Name	Student's M.I.	Student's Mt. SAC ID Number

STEP 2: PARENTS' MARITAL STATUS AT TIME SUBMITTING 2018-2019 FAFSA

As of the date you signed and submitted your original 2018-2019 FAFSA, were your parents living together? Yes No

As of the date you signed and submitted your original 2018-2019 FAFSA, select your parent's marital status below:

Marital Status (Check ONLY One)	Date	
<input type="checkbox"/> Married	_____	
<input type="checkbox"/> Remarried (to step-parent)	_____	
<input type="checkbox"/> Separated	_____	Submit a copy of a court document showing date of separation.
<input type="checkbox"/> Divorced	_____	Submit a copy of Divorce Decree.
<input type="checkbox"/> Widowed	_____	
<input type="checkbox"/> Single (Never Married)		
<input type="checkbox"/> Unmarried (Both parents living together)		

STEP 3: PARENTS' MARITAL STATUS AS OF TODAY

As of today's date, are your parents living together? Yes No

As of today's date, select your parent's marital status below:

Marital Status (Check ONLY One)	Date	
<input type="checkbox"/> Married	_____	
<input type="checkbox"/> Remarried (to step-parent)	_____	
<input type="checkbox"/> Separated	_____	Submit a copy of a court document showing date of separation.
<input type="checkbox"/> Divorced	_____	Submit a copy of Divorce Decree.
<input type="checkbox"/> Widowed	_____	
<input type="checkbox"/> Single (Never Married)		
<input type="checkbox"/> Unmarried (Both parents living together)		

STEP 4: LIST PARENTS' DEPENDENT(S) IN THEIR CURRENT HOUSEHOLD, INCLUDING PARENT'S SPOUSE (IF APPLICABLE):

Name of Parents' Dependent(s)/Spouse	Date of Birth
_____	_____
_____	_____
_____	_____

STEP 5: CERTIFICATION AND SIGNATURES

At least one parent must sign this form. By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____