



# 2019 - 2020 Marital & Tax Filing Status Form - Parent

The U.S Department of Education has indicated that your 2019–2020 Free Application for Federal Student Aid (FAFSA) may contain conflicting information concerning your parent’s current marital status and their 2017 federal tax filing status. The law states that before awarding any Federal Student Aid, we must ask you to confirm the information reported on your FAFSA. To verify that you provided correct information, the financial aid office will compare your FAFSA with the information on this worksheet. If there are differences, your FAFSA information will be corrected. You and at least one parent must complete and sign this worksheet and submit the form to the financial aid office at Green Hall 101. If you have questions about this form, contact the financial aid office as soon as possible at (609) 771-2211 so that your financial aid will not be delayed.

## A. Student’s Information

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s Social Security Number
Student’s Street Address (include apt. no.)			PAWS ID
City	State	Zip Code	Student’s Email Address
Student’s Home Phone Number (include area code)			Student’s Alternate or Cell Phone Number

## B. Parent - You must check one item in the left hand column and then one item in the column directly across from that category

Please indicate the parent’s marital status as of the date the original 2019-2020 FAFSA was completed.	Please indicate the parent’s tax filing status as reported on the <b>2017</b> Federal Income Tax return.
<input type="checkbox"/> Single or Unmarried	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household
<input type="checkbox"/> Married/Re-Married Date of Marriage/Re-Marriage: _____ / _____ <div style="text-align: center;">(Month)      (Year)</div>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household
<input type="checkbox"/> Divorced Date of Divorce: _____ / _____ <div style="text-align: center;">(Month)      (Year)</div>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household
<input type="checkbox"/> Separated Date of Separation: _____ / _____ <div style="text-align: center;">(Month)      (Year)</div>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household
<input type="checkbox"/> Widowed Date of Spouse’s Death: _____ / _____ <div style="text-align: center;">(Month)      (Year)</div>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widower

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**C. Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**STOP! Are all boxes filled in? Did you sign the form? Thank you!**

*Submit this worksheet to the financial aid office at  
The College of New Jersey (TCNJ)  
PO Box 7718, Ewing, NJ 08628  
Green Hall 101 (609) 771-2211 - Fax (609) 637-5154*

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

File reviewed – Conflict resolved:

Yes: \_\_\_\_\_

No: \_\_\_\_\_ (follow-up may be required)

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_