



2020 - 2021 Marital & Tax Filing Status Form - Parent

The U.S Department of Education has indicated that your 2020–2021 Free Application for Federal Student Aid (FAFSA) may contain conflicting information concerning your parent’s current marital status and their 2018 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. For the Parent(s) – Please check the corresponding marital status in the left hand column and the corresponding tax filing status in the right hand column.

Please indicate the marital status for the parent(s) listed on the FAFSA as of the date the original 2020-2021 FAFSA was completed.	Please indicate the parent(s) tax filing status as reported on the 2018 Federal Income Tax return.
<input type="checkbox"/> Single or Unmarried	<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
<input type="checkbox"/> Married/Re-Married Date of Marriage/Re-Marriage: _____ / _____ <div style="text-align: center;">(Month) (Year)</div>	
<input type="checkbox"/> Divorced Date of Divorce: _____ / _____ <div style="text-align: center;">(Month) (Year)</div>	
<input type="checkbox"/> Separated Date of Separation: _____ / _____ <div style="text-align: center;">(Month) (Year)</div>	
<input type="checkbox"/> Widowed Date of Spouse’s Death: _____ / _____ <div style="text-align: center;">(Month) (Year)</div>	

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: _____