

**2020 - 2021 Marital & Tax Filing  
Status Form - Student**

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 and/or your Spouse's** current marital status and the 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 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. Please check the student's appropriate marital status in the left hand column and then the appropriate tax filing status in the right hand column.\***

| Please indicate the student's marital status as of the date the original 2020-2021 FAFSA was completed.      | Please indicate the student's tax filing status as reported on the <b>2018</b> Federal Income Tax return.   |
|--|---|
| <input type="checkbox"/> Single or Unmarried   | <input type="checkbox"/> Single<br><input type="checkbox"/> Married Filing Jointly<br><input type="checkbox"/> Married Filing Separate<br><input type="checkbox"/> Head of Household<br><input type="checkbox"/> Qualifying Widower |
| <input type="checkbox"/> Married/Re-Married<br>Date of Marriage/Re-Marriage: _____ / _____<br>(Month) (Year) |   |
| <input type="checkbox"/> Divorced<br>Date of Divorce: _____ / _____<br>(Month) (Year)                        |   |
| <input type="checkbox"/> Separated<br>Date of Separation: _____ / _____<br>(Month) (Year)                    |   |
| <input type="checkbox"/> Widowed<br>Date of Spouse's Death: _____ / _____<br>(Month) (Year)                  |   |

\*FOR DEPENDENT STUDENTS ONLY: Please check the parent and student income sections of the FAFSA. If the marital status discrepancy is a result of a duplication of income on the FAFSA, in other words, the student erroneously put the parent's income as his or her own income on the application, please correct your FAFSA and notify our office.

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

**C. Certification and Signature**

Signing this worksheet certifies that all of the information reported on it is complete and correct. The student 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

**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: \_\_\_\_\_