



2023 - 2024 Marital & Tax Filing Status Form - Student

The U.S Department of Education has indicated that your Free Application for Federal Student Aid (FAFSA) may contain conflicting information concerning **your and/or your Spouse's** current marital status and the 2020 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 2023-2024 FAFSA was completed.	Please indicate the student's tax filing status as reported on the 2021 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; margin-left: 100px;">(Month) (Year)</div>	
<input type="checkbox"/> Divorced Date of Divorce: _____ / _____ <div style="text-align: center; margin-left: 100px;">(Month) (Year)</div>	
<input type="checkbox"/> Separated Date of Separation: _____ / _____ <div style="text-align: center; margin-left: 100px;">(Month) (Year)</div>	
<input type="checkbox"/> Widowed Date of Spouse's Death: _____ / _____ <div style="text-align: center; margin-left: 100px;">(Month) (Year)</div>	

***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: _____