

Marital Status Confirmation (FMARST)

Student's Name (PRINT): _____ Phone: (_____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

You or your parents' marital status on your financial aid application may be in conflict. HCC must verify the marital status reported on the Free Application for Federal Student Aid (FAFSA). The conflicting information must be resolved prior to HCC awarding or disbursing financial aid funds. Please complete the information requested below. If there are differences between this information and the FAFSA reported data, HCC will make the corrections electronically.

STUDENT MARITAL STATUS

Please check ONE of the following regarding your marital status:

- I have never been married.
- I am married. Date of Marriage: _____
- I am in a common law marriage - Date of union: _____ State of union: _____
- I am married; however, I am separated from my spouse. Date of Separation: _____
Address of spouse: _____
- I am divorced. Date of Divorce: _____

PARENTS' MARITAL STATUS

Please check ONE of the following regarding the marital status of the parent(s) reported on the FAFSA:

- My parents have never been married but are living in the same household.
- My parents have never been married and are living in separate households.
- My parents are in a common law marriage - Date of union: _____ State of union: _____
- My parent/step-parent listed on the FAFSA is married/remarried. Date of Marriage: _____
- My parent/step-parent is married, however they are currently separated.
Date of Separation: _____
Address of each parent: _____
- My parent(s) is/are divorced and are considered single. Date of Divorce: _____

OTHER (please explain): _____

****Documentation must be submitted with the form to show your correct marital status. Documentation includes copies of a marriage certificate, divorce decree, signed statement of separation from your spouse, signed statement from partner stating you are not married, etc...**

Certification

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature: _____ Date: _____

Parent Signature: _____ Print Parent Name: _____