

| Panther ID Number | | | | | | | |
|-------------------|--|--|--|--|--|--|--|
| | | | | | | | |

Warning! Your financial aid eligibility cannot be determined without this document!

VERIFICATION OF PARENT MARITAL STATUS 2020-2021

| Student's Last Name | First | MI |
|---------------------|-------|----|
| | | |

SECTION I: Parent's CURRENT MARITAL STATUS

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification". During the review process, we found a discrepancy in your parent's current marital status that needs to be resolved. If your parent is currently separated pending a divorce, the form must be notarized by a Notary Public.

| Parent's Name | Social Security Number | | | | | | | | |
|---------------|------------------------|--|--|---|--|--|---|--|--|
| | | | | - | | | - | | |

| IF YOU ARE... | THEN... |
|---|--|
| <input type="checkbox"/> MARRIED/REMARRIED | Please attach a copy of the marriage license or certificate. |
| <input type="checkbox"/> UNMARRIED (LIVING TOGETHER) | Please sign below. |
| <input type="checkbox"/> DIVORCED | Please attach a copy of the final court ordered divorce decree. |
| <input type="checkbox"/> SEPARATED | Please see reverse side of form - Section II |
| <input type="checkbox"/> NEVER MARRIED | Please attach a signed statement explaining the discrepancy in marital status. |
| <input type="checkbox"/> WIDOWED | Please attach a copy of the obituary, death certificate, or other proof. |

NOTE: depending on the response given, additional information may be required.

I certify that all the information provided on this form is complete and correct. By signing this form permission is given to the Office of Student Financial Aid to make corrections electronically to your application if there are differences between your application and your submitted documentation.

WARNING
 Purposely giving false or misleading information may result in a fine, jail sentence, or both.

Signature _____ Date _____



Stop here if you checked married, remarried, divorced, single, or widowed. You are only required to complete SECTION I.

Return this form to: Office of Student Financial Aid
 P.O. Box 4040 Atlanta GA 30302-4040
 Phone: 404-413-2600 Fax: 404-413-2102

Student Financial Management Center
 Alpharetta, Atlanta, Clarkston,
 Decatur, Dunwoody, Newton
Hours: Monday – Friday, 8:30am to 5:15pm

SECTION II: NOTICE OF SEPARATION

This section is only completed if the response to current marital status is SEPARATED in Section II. **Marital separation is defined as:** (a) One of the partners has left the household for an indefinite period; **and** (b) the marriage is severed. If your circumstance does not meet this definition, then you are required to submit your spouses' information. You must meet both parts of the definition to be considered separated. You must complete this section and provide **each** of the following items:

- **CERTIFICATION AND STATEMENT OF MARITAL SEPARATION:**
- **REFERENCE LETTERS:** Cannot be from a relative or a friend, who can endorse confirmation of your separation claim in their professional capacity on their business letterhead. For example, your pastor or rabbi, your marriage counselor, or your attorney can provide such a letter.
- **SUPPORTING DOCUMENTATION:** Please attach a copy of your 2019 Internal Revenue Service (IRS) *Wage and Income Transcripts*, and copies of documents which are in your name only (such as utility bills or lease/rental/mortgage documents).

CERTIFICATION AND STATEMENT OF MARITAL SEPARATION

I, _____, do hereby certify that my current marital status is separated from
(Name)
 my spouse, _____, since _____ / _____. I certify that we are and
(Name) (Month and Year of Separation)
 have continued living separated and the marriage is severed. Currently we separately reside at these addresses:

Custodial Parent Information

| Name | | Social Security Number | | | | | | | | | | |
|---------|--|------------------------|---|-------|---|---|---|----------|--|---------------|--|--|
| | | ■ | ■ | ■ | - | ■ | ■ | - | | | | |
| Address | | | | | | | | | | | | |
| Street | | | | | | | | | | Apt/Suite No. | | |
| City | | | | State | | | | Zip Code | | | | |

Separated Spouse Information:

| Name | | Social Security Number | | | | | | | | | | |
|---------|--|------------------------|---|-------|---|---|---|----------|--|---------------|--|--|
| | | ■ | ■ | ■ | - | ■ | ■ | - | | | | |
| Address | | | | | | | | | | | | |
| Street | | | | | | | | | | Apt/Suite No. | | |
| City | | | | State | | | | Zip Code | | | | |

I certify the above statement as true and accurate with my signature and notarization by notary public. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form.

 Student's Signature Date

 Separated Spouse's Signature (optional) Date

NOTARIZATION: