



STUDENT FINANCIAL SERVICES
2024-2025 Clarify Marital Status (STUDENT)

Student's Name: _____ Student ID# (or SSN#): _____

Certain items reported on your 2024-2025 financial aid application conflict with information that you provided to our office. Therefore, we are requesting further clarification in order to complete your financial aid file.

SECTION 1: Please clarify the conflict below.

CONFLICT:	Please enter CORRECT RESPONSE:
<p>It appears your marital status has changed.</p> <p>Our office must use the correct marital status at the time the student filed his/her FAFSA or Cal Dream Act Application.</p>	<p>Confirm your Marital Status and effective date:</p> <p><input type="checkbox"/> Married/Remarried date _____ / _____ Month Year</p> <p><input type="checkbox"/> Divorced (date finalized) _____ / _____ Month Year</p> <p><input type="checkbox"/> Separated (date separated) _____ / _____ Month Year</p> <p><input type="checkbox"/> Widowed (date widowed) _____ / _____ Month Year</p> <p><input type="checkbox"/> Single (never married)</p>

SECTION 2: Please explain if there has been a change in marital status since the application was filed.

SECTION 3: Confirm your Household Information (continue on back if more space is needed):

<p>List the people that you (and, if married, your spouse) will support from <u>July 1, 2024 through June 30, 2025.</u></p> <ul style="list-style-type: none">◆ Yourself◆ Your spouse◆ Your dependent children if you will provide <i>more than half</i> of their support from <u>July 1, 2024 through June 30, 2025.</u> <p>Include other people as part of your household only if:</p> <ul style="list-style-type: none">◆ They live with you and receive <i>more than half</i> of their support from you (or your spouse) AND◆ They will continue to receive <i>more than half</i> of their support from you from <u>July 1, 2024 through June 30, 2025.</u>			
Name	Age	Relationship to Student	College *(see below)
1.		<i>SELF</i>	
2.			
3.			
4.			
5.			
6.			
7.			
<p><small>*Write the name of the college for any household member that will be attending college at least half time between July 1, 2024 and June 30, 2025, and will be enrolled in a degree, diploma or certificate program.</small></p>			

I certify that the information provided on this form is true and complete. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be the cause for termination of aid and repayment of funds received. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

Student Signature: _____ Date: _____