

## 2021-2022 Federal Student Aid Marital Status Form

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**Instructions:**

In order to resolve conflicting information regarding the marital status of the parent(s) you listed on the FAFSA, additional information is required. To better understand their situation, please answer the questions to identify your parents' current Marital Status and the date when the Marital Status began. Please use the area provided to give additional explanation. Please complete and submit this Marital Status Form in one of the following ways:

**Financial Aid Office:**  
 Located at all Maricopa  
 Colleges Campuses

**U.S. Mail:**  
 Maricopa Community Colleges  
 Attn: Maricopa Processing Center (MPC)  
 2411 W. 14<sup>th</sup> Street  
 Tempe, AZ 85281

**Fax:**  
 (480) 361-5287  
**(include student's ID  
 and name at the top of  
 each page)**

**Please read thoroughly and Do NOT skip any sections.**

**Student Information**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Student ID Number</b>
<b>Maricopa Email Address</b>			<b>Phone Number with Area Code</b>
@maricopa.edu			

**Parent's marital status information**

What is your parent's marital status <u>as of today</u> ? Mark only 1 box:	Marital Status Date (month/year)
<input type="checkbox"/> Married	
<input type="checkbox"/> Separated	
<input type="checkbox"/> Divorced	
<input type="checkbox"/> Widowed	
<input type="checkbox"/> Never Married	N/A
<input type="checkbox"/> Living Together, Not Married	N/A
<b>For biological parents who are Living Together not Married, please update FAFSA to include this marital status and include both parents' information on the FAFSA.</b>	

**PLEASE PROVIDE A DETAILED EXPLANATION OF YOUR PARENT'S MARITAL STATUS(ES) WITH DATES (MONTH/YEAR). INCLUDING MARRIAGES, DIVORCES, AND SEPARATIONS. Include names of ALL parents in the statement.**

**Certification and Signature**

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCC institutions.

<b>Student's Signature (electronic signature NOT accepted)</b>	<b>Date</b>
<b>Parent's Signature (electronic signature NOT accepted)</b>	<b>Date</b>

**Non-Discrimination Statement**

The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.