

**Return to:**  
**Ohlone College**  
 Financial Aid Office  
 Building 7, 2<sup>nd</sup> Floor  
 43600 Mission Blvd.  
 Fremont, CA 94539  
 510-659-7309 (Fax)  
 financial\_aid@ohlone.edu  
 www.ohlone.edu



## MARITAL AND FILING STATUS STATEMENT

**Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

Your FAFSA was flagged for inconsistency in the marital status and tax filing status by the U.S. Department of Education. To resolve the inconsistency, please answer the information **as instructed by the staff** (Select the marital status as of the date you completed your 2018-2019 FAFSA):

STUDENT	
<p>What is your marital status?</p> <p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Married/remarried</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p> <p>Date of Married/Remarried/Divorced/Separated/Widowed:</p> <p>_____</p>	<p>Did you work in 2016?    YES    NO</p> <p>Did your spouse (if married) work in 2016?    YES    NO</p> <p>IF yes, complete the following information:</p> <p>What was your tax filing status:</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married, filed jointly</p> <p><input type="checkbox"/> Married, filed separated</p> <p><input type="checkbox"/> Head of the household</p> <p><input type="checkbox"/> Qualifying Widow</p>

<p>What is your parent's marital status?</p> <p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Unmarried but parents living together</p> <p><input type="checkbox"/> Married/remarried</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p> <p>Date of Married/Remarried/Divorced/Separated/Widowed:</p> <p>_____</p>	<p>Did your parent(s) work in 2016?</p> <p>Parent 1:      YES      NO</p> <p>Parent 2:      YES      NO</p> <p>IF yes, complete the following information:</p> <p>What was your parent's tax filing status:</p> <p>Parent 1: <input type="checkbox"/> Single                      Parent 2: <input type="checkbox"/> Single</p> <p style="padding-left: 40px;"><input type="checkbox"/> Married, filed jointly                      <input type="checkbox"/> Married, filed jointly</p> <p style="padding-left: 40px;"><input type="checkbox"/> Married, filed separately                      <input type="checkbox"/> Married, filed separately</p> <p style="padding-left: 40px;"><input type="checkbox"/> Head of the household                      <input type="checkbox"/> Head of the household</p> <p style="padding-left: 40px;"><input type="checkbox"/> Qualifying Widow                      <input type="checkbox"/> Qualifying Widow</p>
---	---

**By signing this form, I certify that the information I have provided is true and correct.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date