

Return to:
Ohlone College
 Financial Aid Office
 Building 7, 2nd Floor
 43600 Mission Blvd.
 Fremont, CA 94539
 510-659-7309 (Fax)
 financial_aid@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 2019-2020 FAFSA):

STUDENT	
<p>What is your marital status?</p> <p> <input type="checkbox"/> Never married <input type="checkbox"/> Married/remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed </p> <p>Date of Married/Remarried/Divorced/Separated/Widowed: _____</p>	<p>Did you work in 2017? YES NO</p> <p>Did your spouse (if married) work in 2017? YES NO</p> <p>IF yes, complete the following information:</p> <p>What was your tax filing status:</p> <p> <input type="checkbox"/> Single <input type="checkbox"/> Married, filed jointly <input type="checkbox"/> Married, filed separated <input type="checkbox"/> Head of the household <input type="checkbox"/> Qualifying Widow </p>

PARENT(S)											
<p>What is your parent's marital status?</p> <p> <input type="checkbox"/> Never married <input type="checkbox"/> Unmarried but parents living together <input type="checkbox"/> Married/remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed </p> <p>Date of Married/Remarried/Divorced/Separated/Widowed: _____</p>	<p>Did your parent(s) work in 2017?</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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Parent 1: <input type="checkbox"/> Single</td> <td style="width: 50%;">Parent 2: <input type="checkbox"/> Single</td> </tr> <tr> <td><input type="checkbox"/> Married, filed jointly</td> <td><input type="checkbox"/> Married, filed jointly</td> </tr> <tr> <td><input type="checkbox"/> Married, filed separately</td> <td><input type="checkbox"/> Married, filed separately</td> </tr> <tr> <td><input type="checkbox"/> Head of the household</td> <td><input type="checkbox"/> Head of the household</td> </tr> <tr> <td><input type="checkbox"/> Qualifying Widow</td> <td><input type="checkbox"/> Qualifying Widow</td> </tr> </table>	Parent 1: <input type="checkbox"/> Single	Parent 2: <input type="checkbox"/> Single	<input type="checkbox"/> Married, filed jointly	<input type="checkbox"/> Married, filed jointly	<input type="checkbox"/> Married, filed separately	<input type="checkbox"/> Married, filed separately	<input type="checkbox"/> Head of the household	<input type="checkbox"/> Head of the household	<input type="checkbox"/> Qualifying Widow	<input type="checkbox"/> Qualifying Widow
Parent 1: <input type="checkbox"/> Single	Parent 2: <input type="checkbox"/> Single										
<input type="checkbox"/> Married, filed jointly	<input type="checkbox"/> Married, filed jointly										
<input type="checkbox"/> Married, filed separately	<input type="checkbox"/> Married, filed separately										
<input type="checkbox"/> Head of the household	<input type="checkbox"/> Head of the household										
<input type="checkbox"/> Qualifying Widow	<input type="checkbox"/> Qualifying Widow										

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

 Student's Signature

 Date