HOOD COLLEGE 1893

OFFICE OF FINANCIAL AID

2025-2026 Parent Marital Status Form

Student's Last Name:_____ Student's First Name:_____ Student ID: _____

Please provide the following information regarding the marital status of the parent(s) you reported on your Free Application for Federal Student Aid (FAFSA). You should report the marital status **AS OF THE DAY** you originally completed your FAFSA.

Parent 1/Step-Parent 1 Name _____

Parent 2/Step-Parent 2 Name _____

Check one box and enter a date, if applicable. ***Please be sure to attach all required documentation.***

☐ **Never married**

☐ **Unmarried and both parents live together**

☐ **Married/Remarried**

Date Married/Remarried:_____/_____/_____
(Circle One) Month Day Year

Required Documentation: Copy of marriage certificate

☐ **Divorced**

Date Divorce Finalized:_____/_____/_____

Month Day Year

Required Documentation: Copy of divorce decree

☐ **Separated**

Date Separated:_____/_____/_____

Month Day Year

Required Documentation: Provide proof of address for each parents/step-parents. Examples: copies of utility bills, rental/lease agreements, paystubs, etc.

☐ **Widowed**

Date Widowed:_____/_____/_____

Month Day Year

Required Documentation: Copy of death certificate

CERTIFICATION:
WE certify that all information on this form is true, complete and accurate. Upon request we agree to provide additional proof of the information reported on this form. **Warning:** If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date