



# 2017-2018 MARITAL STATUS FORM

Contact Information  
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Fill out electronically or print clearly in ink and sign where indicated. Failure to complete all fields below may delay the disbursement of your financial aid funds.

Student's First Name: \_\_\_\_\_ Student's Last Name \_\_\_\_\_

WCU ID #: \_\_\_\_\_

**To be completed by:**       Independent Student                       Parent (custodial) of the above Dependent Student

I certify that my current marital status on the date that I completed the FAFSA is:

**Check only ONE answer below**

**Marital Status:**

Never Married

Living Together  
(Never Married)

Partner: \_\_\_\_\_  
**Note:** Biological/adoptive parents not married or are divorced and living at the same address must combine income taxes on the FAFSA!

Married                      Spouse's name: \_\_\_\_\_                      Date of marriage \_\_\_\_\_

Remarried                      Spouse's name: \_\_\_\_\_                      Date of marriage \_\_\_\_\_

Divorced                      Ex-Spouse's name: \_\_\_\_\_                      Date of divorce \_\_\_\_\_

Widowed                      Spouse's name: \_\_\_\_\_                      As of: \_\_\_\_\_

Separated                      Spouse's name: \_\_\_\_\_                      Date of separation: \_\_\_\_\_

**Spouse's current address:**  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*If separated attach one of the following:**

1. Copy of any court documents showing (pending) divorce, attesting to Legal Separation, Maintenance agreement or property settlement, or Protection from Abuse (PFA) order **OR**
2. A notarized letter from a neutral 3<sup>rd</sup> party attesting to your separation with attester's full name, address, relationship, explanation of the separation, signature and date.

**Note:** If you have been separated for two or more years and are still filing taxes as "Married Filing Jointly" submit at least two of the above documents. WCU reserves the right to treat you (or your parents) as Married on the FAFSA.

Your financial aid application will remain incomplete pending receipt of this form with the attachments. Please submit any additional documents at once to accompany this form.

By signing this form I/WE certify that all information is correct. *Purposely providing false information is a felony punishable by fine, imprisonment, or both.*

**Student Signature** \_\_\_\_\_                      Date \_\_\_\_\_

**Custodial Parent Signature (if dependent)** \_\_\_\_\_                      Date \_\_\_\_\_

Please return all documents by email or mail.  
Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383  
Email: [finaid@wcupa.edu](mailto:finaid@wcupa.edu)

**Please note: we will no longer accept fax documents.**