**WCU WEST CHESTER UNIVERSITY**

# 2019-2020
# MARITAL STATUS FORM

**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

Please note if your biological parents are no longer together, this form is to be completed by the custodial parent and reflect the current marital status of the custodial parent. 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          Partner:_____
   (Never Married)       **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_____

☐ Widowed            Spouse's name:_____              As of_____

☐ Divorced           Spouse's name:_____          As of:_____

Ex-spouse current address_____

☐ Separated          Spouse's name:_____          Date of separation:_____

Spouse's current address:_____

## If separated or divorced:
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 3rd 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
**Please note: we will no longer accept fax documents.**

Rev. November 7, 2018