2018–2019 Verification of Student Marital Status

Student Name: ________________________ Loyola ID: _______________
(Please print) (Your 11-digit Loyola ID number begins 0000)

The 2018-2019 FAFSA has determined that your marital status may be conflicting with the tax filing status reported. Please answer the questions below to determine whether additional documentation is needed.

On the date you filed your initial 2018-2019 FAFSA, what was your marital status:

- [ ] Single/Never married
- [ ] Married/Remarried as of ______/_____/______ (MM/DD/YYYY of current marriage)
- [ ] Divorced/Separated as of ______/_____/______ (MM/DD/YYYY of divorce or separation)
- [ ] Widowed as of ______/_____/______ (MM/DD/YYYY of spouse’s death)

What was your and your spouse’s (if applicable) 2016 tax filing status?

You, the Student Spouse (if applicable)
- [ ] Single
- [ ] Head of Household
- [ ] Married – Filing Jointly
- [ ] Married – Filing Separately
- [ ] Qualifying widow(er)
- [ ] Single
- [ ] Head of Household
- [ ] Married – Filing Jointly
- [ ] Married – Filing Separately
- [ ] Qualifying widow(er)

Explanation of tax filing status: Submit a signed statement detailing why your marital status may be conflicting. Please note that if the tax filing status does not appear to be allowed by the IRS (e.g. you are married but filed as Head of Household or Single), you may be required to amend your taxes or provide a signed letter from your tax preparer. Additional documentation may be requested in order to verify either the marital status or tax filing status reported on the FAFSA or on this form.

Certification Statement:
All of the information provided by me or any other person on and with this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

_________________________________________ Date
Student Signature*

_________________________________________ Date
Spouse Signature (if applicable)*

*Typed and digital signatures are not acceptable

SM 2019 HSD