

Southeastern Louisiana University
Verification of Parents Marital Status
Dependent

Office of Financial Aid
SLU 10768
Hammond, LA 70402

Phone: 985-549-2244
Fax: 985-549-5077

Student's Name: _____

University ID: W

(required)

INSTRUCTIONS TO STUDENTS and/or PARENTS: You and your parent are completing this form to verify your parents marital status as of the date the FAFSA was filed. You are certifying this information to be true and correct.

I, _____, certify that I am/was
(Parents Name)

_____ as of the date student's FAFSA was filed.
(Married / Remarried, Never Married, Divorced / Separated, Widowed)

As of today, my marital status is _____ .
(Married / Remarried, Never Married, Divorced / Separated, Widowed)

I/We reside at _____ .
(Physical Address - NO P.O. Box)

If married, the name of my spouse is _____ .

The date of birth for my spouse is _____ .

The date we were married or began living together is _____ .

If separated/divorced, the date of separation/divorce was _____ .

My spouse resides at _____ .
(Physical Address - NO P.O. Box)

Did you file 2017 taxes with your spouse? Yes No

If yes, please submit all W-2's for the 2017 tax year.

If separated, you must provide documentation of two separate addresses.

Dependent Student's Family Information

List below the people in your parent(s) household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2019, through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-20. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

For any household member, excluding the parent(s), who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019 and June 30, 2020, include the name of the college.

Full Name	Age	Relationship to Student	College	Enrolled at Least Half-Time (Yes or No)
		SELF	Southeastern LA Univ.	

Please read, sign and date.

If you are the parent or the student, by signing this form you agree, if asked, to provide information that will verify the accuracy of this completed form. This information may include your U.S. or state income tax forms, divorce decree, utility bills, etc. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.**

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

FAA Comments :
