

**Southeastern Louisiana University**  
**Verification of Students Marital Status**  
**Independent**

Office of Financial Aid  
SLU 10768  
Hammond, LA 70402

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

Student's Name: \_\_\_\_\_

University ID: W

(required)

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**INSTRUCTIONS TO STUDENTS:** You are completing this form to verify your 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  
(Students 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.

## Student's Family Information

List below the people in your household. Include:

- Yourself and your spouse if you are married. (Do not include your spouse if you are separated)
- Your children or your spouse's children, if you will provide more than half of their support from July 1, 2019, through June 30, 2020, even if the children do not live with you.
- Other people if they now live with you and you or your spouse provides 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 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.

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: \_\_\_\_\_

FAA Comments :

<p>FAA Comments :</p>
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