



You are receiving this form because the marital status you and/or your parents reported on FAFSA® does not match with 2020 IRS tax return filing status. Please complete and submit your form to the Financial Aid Office. COCC may also require additional documentation based on the responses on this form.

Student name (print clearly)

COCC ID number

Student's Marital Status	Parent's Marital Status (if dependent student)
<p>What was your tax filing status according to their 2020 IRS Tax Return? Select only one option.</p> <p><input type="checkbox"/> Did not file 2020 tax return</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return</p> <p><input type="checkbox"/> Qualifying Widow(er)</p>	<p>What was your parent's tax filing status according to their 2020 IRS Tax Return? Select only one option.</p> <p><input type="checkbox"/> Did not file 2020 tax return</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return</p> <p><input type="checkbox"/> Qualifying Widow(er)</p>
<p>What was your marital status as of the day the FAFSA® was filed? Select only one option.</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Remarried</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widow(er)</p> <p>Date of married/remarried/divorced/widowed/separated status?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">MM/YYYY</p>	<p>Your parent's (including step-parent) marital status as of the day the FAFSA® was filed? Select only one option.</p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Unmarried and living together</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Remarried</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widow(er)</p> <p>Date of married/remarried/divorced/widowed/separated status?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">MM/YYYY</p>

Please explain why you and/or your parent(s) were allowed to use the tax filing status listed above given the marital status on the FAFSA®. Please include date of marital status change, if applicable.

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts will not be accepted.

Student signature

Date

Parent signature (dependent students only)

Date

Financial Aid Office
541.383.7260 • fax: 541.383.7506
2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfnaid@cocc.edu

Reviewer use only
FAFSA _____ / _____
Sequence _____
Date _____
Initial _____