



OFFICE OF STUDENT FINANCIAL AID
 CENTRAL CAROLINA COMMUNITY COLLEGE
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Student Name:	
CCCC Student ID:	
Telephone Number:	(____)-(____)-(____)

Marital & Tax Filing Status Form-Parent

The U.S. Department of Education has indicated that your 2017-18 Free Application for Federal Student Aid (FAFSA) may contain conflicting information with regards to your parent's current marital status and their 2015 federal tax filing status. Please review the table below.

You must check one item in the left column and then one box in the column directly across from that category.

Please indicate your parent's marital status as of the date of the original FAFSA 2017-2018 was completed	Please indicate your parent's tax filing status as reported on their 2015 Federal Income Tax Return
<input type="checkbox"/> Single or Unmarried	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household
<input type="checkbox"/> Married or Re-Married Date of Marriage/Re-Marriage: ____/____/____ <small>(MONTH) (YEAR)</small>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separate Return <input type="checkbox"/> Head of Household
<input type="checkbox"/> Divorced or Separated Date of Divorce/Separation: ____/____/____ <small>(MONTH) (YEAR)</small>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separate Return <input type="checkbox"/> Head of Household
<input type="checkbox"/> Widowed Date of Spouse's Death: ____/____/____ <small>(MONTH) (YEAR)</small>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widower
<input type="checkbox"/> Please check this box if your FAFSA was originally completed with the wrong filing status. You will need to make a correction to the FAFSA to reflect the correct 2015 filing status before we are able to continue processing aid for 2017-2018	

I hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

 Student Signature

 Parent Signature

 Date

 Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.