



**NORTH COUNTRY  
COMMUNITY COLLEGE**  
THE STATE UNIVERSITY OF NEW YORK

**2026-2027 Marital Status Filing Discrepancy Form – Dependent Student**

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Student's Name (please print)

NCCC Student ID

We have received conflicting information on your marital status. Please complete questions below to confirm your marital status. Additional information may be requested.

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Parent's Name (please print)

Parent DOB (Day/Month/Year)

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Parent's Address as of the date your student's 2026-2027 FAFSA was originally completed.

Were you living at the address above as of July 1, 2024 \_\_\_\_\_ Yes \_\_\_\_\_ No

What was your tax filing status on your 2024 federal income tax return?

- Single
- Head of Household
- Married – filed joint return
- Married-filed separate return
- Widower

**Choose the box that best describes your marital status on the day your students' 2026-2027 FAFSA was completed and answer the questions below it. More options are on page 2.**

<input type="checkbox"/> Married/Remarried. If married, please complete the section below:	
Marriage Date:	Spouse's name:
Spouse's Date of Birth:	Spouse's SS#:
Did you and your spouse live at the same address for the last 6 months of 2024? ____ Yes ____ No, Spouse's address as of July 1, 2024 _____	
<b>Provide the following documentation:</b> 2024 tax return transcripts, 2024 W-2 (s) forms	

<input type="checkbox"/> Single/Never Married.	
<input type="checkbox"/> Widowed. If widowed, please complete the section below:	
Spouse's DOD:	Spouse's name:
<b>Provide the following documentation:</b> death certification, 2024 W-2(s), 2024 tax return transcripts	

Separated. If separated, please complete the section below:

Separation Date:

Spouse's name:

Spouse's address as of the date the 2026-27 FAFSA was originally completed:

Is this a legal separation? \_\_\_\_\_ Yes (Also submit the legal separation document) \_\_\_\_\_ No

Is your spouse the student's legal or adoptive parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Provide the following documentation:** legal separation documents, 2024 W-2(s), 2024 tax return transcripts, documentation that shows separate residences (mortgage statements, lease agreements, utility bills, USPS Change of address receipt, copies of driver's licenses)

Unmarried and both parents living together. If unmarried and both living together, please complete the section below:

Other parent's name:

Other parent's DOB:

Is the other parent the student's legal or adoptive parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Provide the following documentation:** 2024 W-2(s), 2024 tax return transcripts for both parents

Divorced. If divorced, please complete the section below.

Divorce Date:

Ex-spouse's name:

Is the other parent the student's legal or adoptive parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ex-spouse's address as of the date your student's 2026-2027 FAFSA was originally completed (if known):

Prior to the divorce being finalized, did you and your ex-spouse maintain separate residences?

\_\_\_\_\_ Yes, Separation Date: \_\_\_\_\_ No

**Provide the following documentation:** divorce decree, 2024 W-2(s), 2024 tax return transcripts, documentation that shows separate residences (mortgage statements, lease agreements, utility bills, USPS Change of Address receipt, copies of driver's licenses)

**You may use the space below to provide additional information you believe is pertinent regarding your marital status:**

By signing this form, I certify that all the information provided is complete and accurate.

Student Signature

Date

Parent Signature

Date