



2026-2027 Marital Status Filing Discrepancy Form – Independent Student

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.

Spouse's Name (please print)

Spouse's DOB (Day/Month/Year)

Spouse's Address as of the date the 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 the 2026-2027 FAFSA was completed and answer the questions below it. More options are on page 2.

☐ **Married.** 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 _____

Provide the following documentation: 2024 tax return transcripts, 2024 W-2 (s) forms

☐ 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

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)

☐ Divorced. If divorced, please complete the section below.

Divorce Date:

Ex-spouse's name:

Ex-spouse's address as of the date the 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)

☐ Widowed. If widowed, please complete the section below:

Spouse's DOD:

Spouse's name:

Provide the following documentation: death certification, 2024 W-2(s), 2024 tax return transcripts

☐ Single/Never Married.

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