



Return to: Financial Aid Office, Richmond Community College, P.O. Box 1189, Hamlet, NC 28345
PHONE 910.410.1726 FAX 910.582.7102

2019-2020 Marital Status Change

Serving Richmond and Scotland Counties

Student's Name: _____ SSN: _____
Last First Middle

Address: _____
P O Box, Route, or Street City State Zip

Telephone: _____ Email: _____ Date of Birth: _____

The marital status on the FAFSA was changed for (Please check one):

- Student Parent

What was the marital status **reported on your original FAFSA** for this academic year? Please check one.

- Married/Remarried Widowed
 Separated Single (NEVER Married)
 Divorced Unmarried and both parents living together

What was the actual Marital Status as of the date you completed the FAFSA? Please check one

- Married or Re-married** – Date (Month/Day/Year): _____
 Divorced - Date (Month/Day/Year): _____
 Separated - Date (Month/Day/Year): _____
 Widowed - Date (Month/Day/Year): _____
 Single (NEVER Married) _____
 Unmarried and both parents living together: _____

Provide an explanation of why the error reported on the FAFSA occurred. You may be requested to provide supporting documentation.

Certification and Signature

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this application you agree, if asked:

- (1) to provide information that will verify the accuracy of your completed form
- (2) to provide U.S. or state income tax forms that you filed or are required to file.

You also certify that you understand that **the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.**

If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by the username and password, and/or any other credential and have not disclosed that username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Everyone whose information is given on this form should sign below. The student and at least one parent **MUST** sign below.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____