## Marital Status Verification Form (Dependent) 2024-2025



**NIU Student Information:** 

Submit to: Financial Aid and Scholarship Office **Swen Parson Hall 245** DeKalb, IL 60115

NIU Student Information: For scale	nning purposes, use black	or blue ink to complete this form	1
Name		Z-	ID
Last	First	MI	
Read definitions before completing fo	<mark>rm</mark> . Call our office i	f you need assistance v	vith completing form.
FAFSA parent: If legal parents we deceased, the FAFSA parent is the months or the most recent year you included on the FAFSA. NOTE: If stepparent must be included on the parent and spouse.	parent who provide received support that parent is curr	ed more financial supp or lived with a parent. ently married, the pare	ort during the past 12 That parent must be ent's spouse/student's
Head of Household: In addition to dindividual must be unmarried or commust have paid more than half the chome for the last 6 months of the talent separated and a head of household talent spouse.	isidered unmarried ost to keep up the ax year. A FAFS	To be considered un home <u>and</u> his/her spou A parent with a marita	nmarried an individual use did not live in that I status of married or
<ul> <li>1. Please indicate the first parent wh</li> <li>2. What is the current legal marital st</li> <li>□ Never Married</li> <li>□ Married or remarried</li> </ul>	tatus of the parent/s		question 1?
Full name of current spouse  Date of marriage  Divorced and not living toget  Full name of former spouse  Date of divorce	// her	(mm/dd/yyyy) (mm/dd/yyyy)	
□ Separated and not living together Full name of former spouse Date of separation			
Date of separation  ☐ Widowed  Full name of deceased spou  Date of death//			
Date of death//  Unmarried and both legal pare  Full name of other legal pare	rents living togeth	er	
			Continued on page 2 ->

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3.	List each the current address of ea	ch parent(s)'/steppare	ent's included in quest	ion 2 regardless of
	marital status:			
	(PO Boxes are not acceptable)			
	Parent 1 Name:			
	Address:			
	Parent 2/Stepparent Name:			
	Address:			
4.	What tax filing status did Parent 1			ct one)
	<ul> <li>Married filing separately</li> <li>Qualifying Widow(er)</li> <li>Head of Household</li> <li>Single</li> <li>Did not file a 2022 federal incompanient</li> </ul>	ne tax return		
5.	What tax filing status did Parent 2/s	stepparent use to file	a 2022 Federal Tax Ro	eturn?(select one)
	<ul> <li>Married filing jointly</li> <li>Married filing separately</li> <li>Qualifying Widow(er)</li> <li>Head of Household</li> <li>Single</li> <li>Did not file a 2022 federal incommoderal Not applicable</li> </ul>	ne tax return		
	ease note: depending on your res cumentation.	ponses we may be I	required to collect ad	ditional
inf	equired Signatures: (Please print the ormation on this form is true, complete DTE: Electronic signatures will not	ete and accurate, and	,	
Stı	udent Signature Da	te Parent S	Signature	Date
D	VP Dep 10/23		urposely give false or mis may be fined, sentenced	_