



2019-2020 Professional Judgment Marital Status Change

Student Name: _____ ID#: _____ Phone: _____

This form may be used for the 2019-2020 academic year if you and/or your family experienced a marital status change in 2018.

Section A: Indicate whether you are requesting a marital status change for you or your parent's by checking the appropriate box.

- STUDENT'S MARITAL STATUS CHANGE - By checking this box you will need to provide the information below pertaining to you and your spouse. Indicate which marital status should have been reported on FAFSA: Single, Divorced/separated, Widowed, Married, Common Law Marriage.
PARENT' MARITAL STATUS CHANGE - By checking this box you will need to provide the information below pertaining to your parents. Indicate which marital status should have been reported on FAFSA: Never Married, Unmarried and both biological parents living together, Divorced/separated, Widowed, Married, Common Law Marriage.

Section B: Please provide the following information:

- Date of divorce or separation
When was the last year you filed a joint tax return? Tax Year 2018, Tax Year 2017, Never, Other Year
Do you intend to proceed with the divorce? Yes, No
Do you have a court date for the divorce proceedings? Yes, No

Section C: Please provide all documentation listed below:

- Letter of explanation
Fill out the 2019-2020 Household Worksheet and list current household members, relationship and age
Proof of monthly child support you will receive in 2019
Proof of monthly alimony you will receive in 2019
2017 Federal Tax Return Transcript(s) along with W2s, 1099, etc.
If you are not pursuing a divorce or do not have a court date for the divorce proceedings, you will need to provide a statement on letterhead which confirms your separation claim from a third objective person (not a friend or relative) who can confirm the separation in his/her professional capacity.

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted. I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature: _____ Parent Signature: _____ Date: ____/____/____

You may email, fax, mail or hand-deliver documents to: TSC Financial Aid Office, Oliveira Student Services Center, 80 Fort Brown, Brownsville, Texas 78520. Fax: (956) 295-3621. Email: financialaid@tsc.edu. Electronic signatures and photocopies will not be accepted.

For Office Use Only: Received by _____