

# 2021-2022 Form P Parent Marital Status

Your child's 2021-2022 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You and your child whose information was reported on the FAFSA must sign this form, attach any required documentation, and submit the completed package to the LCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your child's file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

**\*\*Your child's eligibility for financial aid cannot be determined until the verification process is complete.\*\***

Student Name: \_\_\_\_\_ LCC ID#/Last Four of SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Check the box for the marital status relates to the parent:

**Widowed**

If you are widowed, provide the month and year of death \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Divorced**

If you are divorced, provide the month and year divorce was finalized \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Separation**

Please complete the following: I, \_\_\_\_\_,

am separated from my spouse, \_\_\_\_\_

since \_\_\_\_\_. We are no longer residing together at the same residence.

My address is: \_\_\_\_\_

\_\_\_\_\_

My spouse's address is (if known): \_\_\_\_\_

\_\_\_\_\_

**Married**

If you are married, provide the full date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

### Certification:

I certify that the submitted information is accurate to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

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

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Lenoir Community College • Office of Financial Aid

P.O. Box 188 • Kinston, NC 28502

Fax: 252-233-6896 • Email: finaid@lenoircc.edu