



# 2022-2023 Parent Marital Status Form

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*\*Black Ink Only\**

The Parent Marital Status form is used to document loss of income due to divorce or death of parent, or to reconcile a discrepancy of information reported on the FAFSA regarding the parent's tax filing status and marital status.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Phone Number (include area code) \_\_\_\_\_

**Instructions:** Select the option that applies to your parent's current situation and submit this form with the required documentation.

**Married/Remarried**

Date of Status: \_\_\_\_\_ (**Required if Married/Remarried**)

**Required Documentation:**

- 2020 tax return transcript(s) (requested from IRS) or signed 2020 tax returns for both parents

**Divorced/Widowed**

Date of Status: \_\_\_\_\_ (**Required if Divorced/Widowed**)

**Required Documentation:**

- **Divorced:** copy of final divorce decree, and 2020 Wage and Income Statement (from IRS) for custodial parent or copies of all 2020 W2s for both parents
- **Widowed:** copy of death certificate, and 2020 Wage and Income Statement (from IRS) for custodial parent or copies of all 2020 W2s for both parents

**Separated**

Please initial one option below:

\_\_\_\_\_ **I have attached the required documentation as proof of separation:** Petition for divorce from courts, legal separation court document (if not married in TX.)

**OR**

\_\_\_\_\_ **I certify that I am separated from my spouse as of the following date** \_\_\_\_\_.

I maintain a separate household from my spouse, which includes independently paying more than 50% of my household's expenses. Household expenses include mortgage/rent, utilities, food, child care, and health care.

**Certification & Signature(s)**

I certify the information on this appeal to be complete and accurate and that I have attached the required documentation. If any of the information changes, I understand I must promptly notify the Office of Financial Assistance and that the student listed on this form may be responsible for repayment of financial aid received if I fail to do so.

\_\_\_\_\_  
Printed Name of Parent (**Required**)

\_\_\_\_\_  
Parent Signature (**Required**)

\_\_\_\_\_  
Date (**Required**)