

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

2024–2025 Verification of Student Marital Status

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

The 2024-2025 FAFSA has determined that your marital status may be conflicting with the tax filing status reported. Please answer the questions below to determine whether additional documentation is needed.

On the date you filed your initial 2024-2025 FAFSA, what was your marital status:

- Single/Never married
- Married/Remarried as of ____/____/____ (MM/DD/YYYY of current marriage)
- Divorced/Separated as of ____/____/____ (MM/DD/YYYY of divorce or separation)
- Widowed as of ____/____/____ (MM/DD/YYYY of spouse's death)

What was your and your spouse's (if applicable) 2022 tax filing status?

You, the Student

Spouse (if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Did not file | <input type="checkbox"/> Did not file |
| <input type="checkbox"/> Single | <input type="checkbox"/> Single |
| <input type="checkbox"/> Head of Household | <input type="checkbox"/> Head of Household |
| <input type="checkbox"/> Married – Filing Jointly | <input type="checkbox"/> Married – Filing Jointly |
| <input type="checkbox"/> Married – Filing Separately | <input type="checkbox"/> Married – Filing Separately |
| <input type="checkbox"/> Qualifying widow(er) | <input type="checkbox"/> Qualifying widow(er) |

Explanation of tax filing status: Submit a **signed statement** detailing why your marital status may be conflicting. Please note that if the tax filing status does not appear to be allowed by the IRS (e.g. you are married but filed as Head of Household or Single), you may be required to amend your taxes or provide a signed letter from your tax preparer. Additional documentation may be requested in order to verify either the marital status or tax filing status reported on the FAFSA or on this form.

Certification Statement:

All of the information provided by me or any other person on and with this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature*

Date

Spouse Signature (if applicable)*

Date

*Typed and digital signatures are not acceptable

SM 2025