2020-2021



Marital Status Confirmation (FMARST)

Student's Name (PRINT):				Phone	: ()	
HCC ID: (9-digit number required)	Date of Birth:	/_	/	Home Campus:	(Prima	ary location of a	ttendance)
You or your parents' marital st reported on the Free Applicati HCC awarding or disbursing differences between this infor	on for Federal Stude financial aid funds.	ent Aid Pleas	(FAFSA). e compl	The conflicting information	mation reque	must be re sted below	solved prior to v. If there are
Please check ONE of the follow I have never been I am married. Dan I am in a common I am married; how Address of spongle	ring regarding your n n married. te of Marriage: n law marriage - Date wever, I am separate ouse:	narital e of un	ion: ı my spou	State of unicuse. Date of Separatio	n:		
My parents have My parents are in My parent/step- My parent/step- Date of Separa Address of eac My parent()s is/an	ring regarding the manever been married never been married in a common law mar parent listed on the foarent is married, hoution: The parent: The divorced and are common and the foarent are common law married.	arital s but are and ar riage - FAFSA i wever	e living ir e living ir Date of s married they are	he parent(s) reported the same household is separate household union: Stremarried. Date of scurrently separated.	s. State of Marriag	f union: ge:	
OTHER (please explain):							
**Documentation must be sub of a marriage certificate, divor partner stating you are not ma By signing below, I/we acknow	ce decree, signed sta rried, etc	itemen Cer	t of sepa	ration from your spou	ıse, sigi	ned statem	ent from
false or misleading information whose information was report	n may result in fede	eral fin	es, jail se	ntence, or both. If s			
Student Signature:					Date:_		
Parent Signature:			_ P	rint Parent Name:			

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

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