Thank you for submitting your verification worksheet and tax return to the Financial Aid & Scholarships Office. In the review process, we encountered conflicting information regarding the marital status of your parents. *

* Parents are considered to be your biological parents, step-parent (if your biological parents are divorced and remarried), or adoptive parents, but not foster parents.

1. **Parent(s) First and Last Name(s):** ______________________________________________

2. **What is the marital status of your parent(s) as of the date you filed the FAFSA?**
   - a. Married or Remarried
   - b. Divorced or Separated

   2a. If you answered MARRIED/REMARRIED please provide us with:
       - Date parents were married (mm/dd/yyyy) _________________________
       - Parents First and Last Names: _____________________________________________
       - A signed copy of parent and spouse’s 2009 Federal 1040 Tax forms (if not already submitted).

   2b. If you answered DIVORCED/SEPARATED please provide us with:
       - Date of parent divorce/separation: (mm/dd/yyyy) _________________________
       - Copy of parent 2009 W-2

3. **Please list the people in your household that you and your parent(s) support.**
   - List yourself
   - List your parent(s)
   - List parent’s other children if:
     - a. Your parent(s) will provide more than half of the child’s support and
     - b. That child can answer “NO” to every question in Step 3 (dependency status) of the FAFSA.
   - Other people if:
     - a. They are living with your parents now.
     - b. Your parents provide more than half of their support and
     - c. Your parents will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>School/College Name</th>
<th>Live at home?</th>
<th>Receiving &gt;50% Support?</th>
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<td>CSUSM</td>
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**Student Signature:** ____________________________  Date: ____________________________

**Parent Signature:** ____________________________  Date: ____________________________