At Holyoke Community College, we want to make sure that everyone has an equal chance to go to college, no matter who they are. We know that getting money to pay for college is important, so we promise to be fair when we give out financial aid. We also want to make sure that trans and gender-expansive students don't face any barriers in accessing financial aid. If you have questions or concerns about this, you can talk to the financial aid office.

Student Name: ___________________________________________ Student ID: ____________________________

The marital status that your parent(s) reported on your FAFSA conflicts with their reported tax filing status. The U.S. Department of Education requires the Financial Aid Office to determine if their tax filing status is correct and to resolve any conflicting information.

If you feel the FAFSA application is accurate and does not need to be corrected, please complete and return this form to the Financial Aid Office.

If you need to make corrections, please go to https://fafsa.gov and correct your parent(s)’ marital and/or tax filing status.

SECTION 1 - Marital Status

For the parent(s) you listed on the FAFSA, please indicate their marital status and marital status date below. The correct status is their marital status when you filed the FAFSA.

- Single or unmarried
- Married/ remarried Month: __________ Year: __________
- Unmarried and both parents living together Month: __________ Year: __________
- Separated Month: __________ Year: __________
- Divorced Month: __________ Year: __________
- Widowed Month: __________ Year: __________

SECTION 2 - Tax Filing Status

What was your parent(s)’ tax filing status for 2021? Please select from the allowable tax filing statuses listed.

- Single
- Head of Household
- Married Filing Separate Return (You must report both your parent(s)’ income on the FAFSA.)
- Married Filing Jointly
- Qualifying Widower with Dependent Child (If your parent’s spouse died in 2020 or 2021, they did not remarry by the end of 2021, and meet all IRS eligibility tests.)

I certify that all the information reported on this form is complete and accurate. I understand that I may be required to provide additional documentation.

Student’s Signature: ___________________________________________ Date: __________

Parent’s Signature: ___________________________________________ Date: __________

For information regarding processing and verification deadlines, please visit http://www.hcc.edu/finaid/deadlines.