



FINANCIAL AID OFFICE

2500 S. Main, Hope, AR 71802 | (870) 722-8264 | Fax: (870) 722-8145 | www.uaht.edu

Proof of Marital Status

Student Name: _____

UAHT Student ID: _____

Parent Name: _____

Additional information regarding your parents' marital status is needed. Before your eligibility for federal and state financial assistance can be determined, this form must be completed and returned with all required documents.

Current Marital Status (please mark one):

Current Marital Status	Actions
<input type="checkbox"/> Never Married	N/A
<input type="checkbox"/> Married	Please attach a copy of the marriage license or certificate.
<input type="checkbox"/> Separated	Please attach detailed legal documentation or statement from your attorney; or separate monthly utility or telephone bills for you and separate spouse. *
<input type="checkbox"/> Divorced	Please attach a copy of the final court ordered divorce decree.
<input type="checkbox"/> Widowed	Please attach a copy of a death certificate, obituary, or other proof.

*The status of **separated** is allowable for one year only. After that period, spouse income information must be included on FAFSA, or a divorce must be documented.

*If **separated** please provide a brief description of the situation and why Legal separation/ Divorce has not been initiated.

Effective date for the marital status listed above: _____ / _____
Month Year

I certify by signing below that all the information reported is complete and correct.

Student Signature,

Parent Signature,