



Office of Financial Aid and Scholarships • Indiana University South Bend • P.O. Box 7111 • South Bend, IN 46634-7111
Phone: (574) 520-4357 Fax: (574) 520-5561 Email: sbfinaid@iusb.edu Website: financialaid.iusb.edu

Student Name _____ Student ID Number _____
Last First Middle

You may complete this form if your marital status has changed after submission of the 2019-20 FAFSA application.

Additional documentation is required to determine your current ability to pay and whether this change would be beneficial for you. Please submit all of the following:

- Download and complete the *Asset Worksheet* located at financialaid.iusb.edu. Select **Important Forms**.
- Complete the *IRS Data Retrieval* via FAFSA.ed.gov or submit a *2017 IRS Tax Transcript* for yourself, if not already on file.
- Submit a *2017 IRS Tax Transcript* for your spouse. If your spouse **did not and is not** required to file a 2017 U.S. or foreign tax return, have your spouse complete the *Non-Tax Filer Certification* on the reverse of this form
- Attach a copy of your *marriage license* to this form.

According to the *Federal Student Aid Handbook Application and Verification Guide*, we may update marital status if we deem it necessary to address an inequity or to reflect more accurately the applicant's ability to pay for his/her college education.

Please complete the sections below for the 2019 calendar year.

Type of Support	Amount Provided by Student/Spouse	Amount Provided by Parent
Housing/utilities	_____	_____
Food	_____	_____
Clothing	_____	_____
Medical/dental expenses	_____	_____
Automobile payment/ insurance/expenses	_____	_____
College costs	_____	_____
Money, gifts, and loans	_____	_____
Money paid by someone on the student's behalf	_____	

Certification: Everyone who provides information on this worksheet must sign below to certify that the information he/she has provided is accurate as of the date signed. Anyone purposely giving false or misleading information on this form may be fined, sentenced to jail, or both.

Student Signature Date

Parent Signature Date

Spouse Signature Date

Household Information

List the people in your household, including:

- Yourself and your spouse
- Your children, if you will provide more than half of their support from July 1, 2019, through June 30, 2020, and you do not pay child support, even if they do not live with you
- Additional people who live with you, if you will provide more than half of their support from July 1, 2019, through June 30, 2020.

Full Name of Household Members	Age	Relationship to Student	Name of college	\$ Amount of Child Support Received in 2018
		self	Indiana University	
		spouse		

Only complete this section if *child support* was paid.

Full Name of Child(ren) for whom support was paid	Age	\$ Amount of Child Support Paid in 2018

Non-Tax Filers Certification:

Only have your spouse complete this section if he/she **did not and is not required** to file a 2017 U.S. or foreign tax return. Please check the appropriate response and complete the following table:

I _____ (spouse name),

- did not** work during calendar year 2017 and had no earnings for that time period.
- did** work during calendar year 2017 and my earnings for that time period are listed below (attach W-2s).

Employer	Earnings for 2017 (list for each employer)	W2 attached

Non Filing Affirmation Statement:

I have not filed, will not file, and am not required to file a 2017 U.S. income tax return. I understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial assistance.

Spouse Signature _____ Date _____