

## 2017-2018 Student Information FAFSA Update

<b>Student Name</b>	<b>ID #</b>
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Please complete form in blue or black ink. Incomplete forms will not be accepted.

Additional information is required about you and/or your spouse for the FAFSA.

1. Your Marital Status as of today:    ☐ Married or Remarried    ☐ Divorced or Separated    ☐ Widowed  
    ☐ Unmarried & Both Living Together    ☐ Never Married
2. Month and Year you were married, remarried, separated, divorced or widowed: \_\_\_\_/\_\_\_\_
3. Please list you and/or your spouse's information in the table below:

List the FULL Names	Date of Birth	Relationship to Student	SSN or Student ID #
		Self	
		Spouse	

4. How many **other** people are in your household?

Include you and your spouse's other children and dependents if they live with you now and you will provide more than half of their support and will continue to provide more than half of their support between July 1, 2016 and June 30, 2017.

List the FULL Name of Dependent(s)	Date of Birth	Relationship to Student	Is Child Support Paid or Received for Child? If so, list Payer or Payee and monthly amount paid or received.

5. Check your Federal Tax Return Filing Status for 2015 or 2016 and number of exemptions: \_\_\_\_

- ☐ Married, filing jointly    ☐ Married, filing separately    ☐ Single  
☐ Head of Household    ☐ Qualifying widow[er]    ☐ Will not file

6. Check your spouse's Federal Tax Return Filing Status for 2015 or 2016 and number of exemptions: \_\_\_\_

- ☐ Married, filing jointly    ☐ Married, filing separately    ☐ Single  
☐ Head of Household    ☐ Qualifying widow[er]    ☐ Will not file

7. Submit a copy of you and/or your spouse's **most current** tax form.

**By signing this form, I/we certify that all of the above information is correct.**

Signature (Student): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Spouse): \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: If your marriage status changed after you initially filed the FAFSA, a marriage certificate and a Request for Special Circumstances Due to Marriage form and submit it with this form.*

**Internal use ONLY**

Reviewed: \_\_\_\_\_

Scanned: \_\_\_\_\_

**WARNING:**

If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

**RETURN FORM TO:**  
 Lake Superior State University  
 Financial Aid Office  
 650 West Easterday Avenue  
 Sault Ste. Marie, MI 49783-1699  
**Phone: 906-635-2678**  
**Fax: 906-635-6669**  
**Email: [finaid@lssu.edu](mailto:finaid@lssu.edu)**