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2025-26 Separation/Divorce/Widow Verification Form

Student Name

Name of person listed on your FAFSA Application that states they are divorced, separated or widowed:

Name of Spouse you are divorced, separated, or widowed from:

Month/Year divorced, separated, or widowed /

Please note: If you are remarried you should not complete this form. Make sure all income is reported on the FAFSA.

Notary: Please read. This form must be signed by two different persons that are of no relation to the student or person who is divorced, separated or widowed.

Signature #1

Is the person named above living in a separate household from their divorced/separated spouse and supporting themselves as a single person? Yes/No

The signature below indicates this statement is true to the best of my knowledge.

Signature: Today's Date

Signature #2

Is the person named above living in a separate household from their divorced/separated spouse and supporting themselves as a single person? Yes/No

The signature below indicates this statement is true to the best of my knowledge.

Signature_____Today's Date_____

Subscribed and sworn to me before under oath this day of ,

Printed Name of Notary Public

Signature of Notary Public

Notary Public, State of ______. My commission expires on ______, ____.

Both signatures must be signed in the presence of a notary.