

## Marital Status Declaration Form

### Your personal details

Customer Reference Number

Title

First name(s)

Surname

Date of birth

Day      Month      Year  
  /   /

### What is your current marital status?

Divorced/dissolved civil partnership

Separated

Date of divorce/dissolution of civil partnership/  
separation

Day      Month      Year  
  /   /

### Marital status evidence

Please provide a photocopy of **one** of the following pieces of evidence, dated **after** your change in marital status:

Decree absolute/decreet nisi

Civil partnership final order/civil partnership conditional order

Solicitors letter confirming your current marital status

Current council tax bill showing 25% single occupancy discount

### Alternative evidence

If you are unable to supply the marital status evidence listed above, please provide photocopies of the following:

- tenancy agreement or mortgage statement in your name only, dated **after** your change in marital status; **and**
- 2 **different** household bills in your name only, dated **after** your change in marital status (such as gas, electric, water, council tax bill showing any discount, or any other household bills you may have).



If you are unable to provide us with any of the requested evidence, please give us full details of your current situation, together with any supporting evidence. We may contact you to discuss this further.

**Points to consider:**

- **Why are you unable to provide the requested evidence?**
- **What is your current living arrangement? Are you named and pay/unnamed and contribute towards any household bills?**
- **Have you applied for a single occupancy discount on your Council Tax?**
- **Have you changed/applied to change any of the household bills/tenancy agreement/mortgage into your name only?**

Please continue on a separate sheet if required.

**Declaration**

I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not, I may not receive financial support; any support I have had may be withdrawn and I could be prosecuted.

I agree to supply any further information in relation to my application for financial support that the Student Loans Company (SLC) may ask for, and agree to tell them immediately if my circumstances change in any way that might affect this application for financial support.

Your full name (in BLOCK CAPITALS)

Your signature

Today's date

Day	Month	Year
<input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Return this form and evidence to us at Student Finance Wales, PO Box 211, Llandudno Junction, LL30 9FU**