



Family Data Packet

STUDENT INFORMATION

Last Name	_____
First Name	_____
Middle Initial	_____
Social Security Number	_____-_____-_____
Date of Birth	____/____/_____
Male/Female	M <input type="checkbox"/> F <input type="checkbox"/>
Home Address (Include Apt. #)	_____
City	_____
State	_____
Zip Code	_____
State of Legal Residence	_____
Were you a legal resident before 01/01/2008?	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you become a legal resident?	Month_____ Year_____
Home Phone Number	_____-_____-_____
E-Mail Address	_____
Marital Status	_____
Driver's License #	_____
Driver's License State	_____

US Citizen

Yes ☐ No ☐

If not, Alien Registration Number

A _____

Are you registered with Selective Service

Yes ☐ No (Register Me) ☐

When you begin college, what will your high school completion status be?

High School Diploma ☐

What is the name of your High School?

What city & state is your High School located?

When you begin this coming school year, what will be your grade level?

FR ☐ SO ☐ JR ☐ SR ☐

When you begin this coming school year, what degree will you be working on?

1st Bachelor's ☐
Master's
Associate's

2nd Bachelor's ☐
Doctorate
Certificate

Are you interested in being considered for Work Study?

Yes ☐ No ☐

Will you have your first bachelor's degree before 07/01/2013?

Yes ☐ No ☐

Highest school your father completed?

HS ☐ College ☐ Post Grad ☐

Highest school your mother completed

HS ☐ College ☐ Post Grad ☐

Drug Conviction affecting eligibility?

Yes ☐ No ☐

SCHOOL SELECTION SUMMARY

NAME OF SCHOOL	LOCATION	HOUSING (on/off campus, commuter)
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NOTES REGARDING COLLEGE CHOICES:

PARENT INFORMATION

Current Marital Status

Single

☐

Married

☐

Divorced/Separated

☐

Widowed

☐

Date of Marriage

____/____/____

Date of Separation/Divorce

____/____/____

Date Widowed

____/____/____

Father's Social Security Number

____-____-____

Father's Last Name

Father's First Name

Middle Initial

Father's Date of Birth

____/____/____

Father's State of Legal Residence

Did father become a legal resident
before 01/01/2008?

Yes

☐

No

☐

When did father become a legal resident? ____/____/____

Mother's Social Security Number

____-____-____

Mother's Last Name

Mother's First Name

Mother's Maiden Name

Mother's Date of Birth

____/____/____

Mother's State of Legal Residence

Did mother become a legal resident
before 01/01/2008? Yes ☐ No ☐

When did mother become a legal resident? ____/____/____

Father's E-Mail Address _____

Mother's Email Address _____

Family Member	Relation to Student	Age	School	Year/Grade
_____	<i>Self</i>	____	_____	____
_____	<i>Parent</i>	____	_____	____
_____	<i>Parent</i>	____	_____	____
_____	<i>Brother/Sister</i>	____	_____	____
_____	<i>Brother/Sister</i>	____	_____	____
_____	<i>Brother/Sister</i>	____	_____	____

Total in Household: _____ Total # in College: _____

PARENTS FINANCIAL INFORMATION

What type of return does family file? 1040 ☐ 1040A ☐ 1040EZ ☐

What was family's adjusted gross income for 2012? (Line 37) \$ _____

How much did father earn from working (salary/wages/tips)?
(From W-2, 1099, or Business Income line 12 from 1040) \$ _____

How much did mother earn from working (salary/wages/tips)?
(From W-2, 1099, or Business Income line 12 from 1040) \$ _____

Is either parent currently unemployed (dislocated worker) Yes ☐ No ☐

Did the family receive benefits from any of the Federal programs listed below?

___ Supplemental Security Income (SSI)

___ Food Stamps or SNAP

___ Free or Reduced Price Lunch

___ Temporary Assistance for Needy Families

___ WIC

___ None of the Above

If family filed a 1040 Federal Tax Form,
were they eligible to file a 1040A or 1040 EZ? Yes ☐ No ☐

Enter the amount of Federal Income Tax paid (Line 55) \$ _____

Enter the total number of family exemptions. _____

ADDITIONAL PARENTAL FINANCIAL INFORMATION

Education Credits (American Opportunity, Hope, Lifetime Learning)
(Line 49) \$ _____

Child Support Paid \$ _____

Taxable Earnings from need-based employment programs \$ _____

Student grant & scholarship aid reported in the family AGI \$ _____

Combat or special combat pay \$ _____

Earnings from work under a co-op program through the college. \$ _____

UNTAXED INCOME

Payments to tax-deferred pension and savings plans (W-2, Boxes 12a-12d-Codes D, E, F, G, H, S)	\$ _____
IRA Deductions and payments to self-employed SEP, Keogh (Lines 28 + 32)	\$ _____
Child Support Received for all children	\$ _____
Tax Exempt Interest Income (Line 8b)	\$ _____
Untaxed IRA Distributions (EXCLUDE ROLLOVERS)(Line 15a-15b)	\$ _____
Untaxed portion of pensions (EXCLUDE ROLLOVERS)(Line 16a-16b)	\$ _____
Living Allowances paid to military or clergy or others	\$ 0
Veteran's non-education benefits (Disability, Death pension)	\$ 0
Other untaxed income (Workmen's compensation, disability)	\$ _____

PARENTAL ASSETS

<u>Financial Institution</u>	<u>Type of Account</u>	<u>Acct Value</u>
_____	Checking	\$ _____
_____	Checking	\$ _____
_____	Savings	\$ _____
_____	Savings	\$ _____
_____	Money Market	\$ _____
	TOTAL	\$ _____

_____	Mutual Funds	\$ _____
_____	Mutual Funds/Stocks	\$ _____
_____	Mutual Funds/Bonds	\$ _____
_____	529/TAP	\$ _____
	Real Estate	\$ _____
	TOTAL	\$ _____

STUDENTS FINANCIAL INFORMATION

What type of return does student file? 1040 ☐ 1040A ☐ 1040EZ ☐

What was student's adjusted gross income for 2012? (Line 37) \$ _____

How much did student earn from working (salary/wages/tips)?
(From W-2) \$ _____

Did the student receive benefits from any of the Federal programs listed below?

___ Supplemental Security Income (SSI)

___ Food Stamps or SNAP

___ Free or Reduced Price Lunch

___ Temporary Assistance for Needy Families

___ WIC

___ None of the Above

Enter the amount of Federal Income Tax paid (Line 55) \$ _____

Enter the total number of family exemptions. _____

ADDITIONAL STUDENT FINANCIAL INFORMATION

Education Credits (American Opportunity, Hope, Lifetime Learning) (Line 49)	\$ 0
Child Support Paid	\$ 0
Taxable Earnings from need-based employment programs	\$ _____
Student grant & scholarship aid reported in the family AGI	\$ 0
Combat or special combat pay	\$ 0
Earnings from work under a co-op program through the college.	\$ _____

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STUDENT ASSETS

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_____	Checking	\$ _____
_____	Savings	\$ _____
_____	Money Market	\$ _____
	TOTAL	\$ _____
_____	Mutual Funds	\$ _____
_____	Mutual Funds/UTMA	\$ _____
	TOTAL	\$ _____

ADDITIONAL INFORMATION

Father's Occupation: _____ Mother's Occupation: _____

Number of Years: _____ Number of Years: _____

Address of Employer:

Address of Employer:

Work Phone: ____ - ____ - _____

Work Phone: ____ - ____ - _____

Cell Phone: _____

Cell Phone: _____

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

City, State, Zip: _____

Owner: _____

Percentage of Ownership: _____%

Type of Business: S-Corp ☐ C-Corp ☐ LLC ☐ Sole Proprietor ☐

Federal Tax Form Filed: K-1 ☐ Schedule C ☐

Approximate Value of Business (Assets-Liabilities): \$_____

REAL ESTATE

Primary Residence

Year Purchased: _____ Purchase Price: \$_____

Estimated Value: \$_____ FHIM Value: \$_____

Mortgage:

Lender: _____ Term: 10 ☐ 15 ☐ 20 ☐ 30 ☐

Years Remaining: _____ Balance: \$_____

Monthly Payment (including insurance & taxes) \$_____

For CSS Profile: FHIM Value – Mortgage Balance = \$_____ x10% = \$_____

If you do not have a mortgage on your primary residence,
list the amount of monthly rent paid. \$_____

Other Real Estate**Location:** _____

Year Purchased: _____

Purchase Price: \$_____

Estimated Value: \$_____

FHIM Value: \$_____

Mortgage:

Lender: _____

Term: 10 ☐ 15 ☐ 20 ☐ 30 ☐

Years Remaining: _____

Balance: \$_____

Monthly Payment (including insurance & taxes) \$_____

Other Real Estate**Location:** _____

Year Purchased: _____

Purchase Price: \$_____

Estimated Value: \$_____

FHIM Value: \$_____

Mortgage:

Lender: _____

Term: 10 ☐ 15 ☐ 20 ☐ 30 ☐

Years Remaining: _____

Balance: \$_____

Monthly Payment (including insurance & taxes) \$_____

INSURANCE & RETIREMENT

NAME OF INSURED	INSURANCE COMPANY	TYPE	AMOUNT
_____	_____	WL <input type="checkbox"/> T <input type="checkbox"/> UL <input type="checkbox"/>	\$_____
_____	_____	WL <input type="checkbox"/> T <input type="checkbox"/> UL <input type="checkbox"/>	\$_____
_____	_____	WL <input type="checkbox"/> T <input type="checkbox"/> UL <input type="checkbox"/>	\$_____
_____	_____	WL <input type="checkbox"/> T <input type="checkbox"/> UL <input type="checkbox"/>	\$_____

OWNER	LOCATION	TYPE IRA/SEP/403b 401k-active/inactive Savings/Pension	AMOUNT
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>

Needs Analysis & Recommendations
