

FINANCIAL AID

2019 -2020 Parental Information Form

A. Student Information

Last Name	First Name	M	MCC ID #	Phone Number
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B. Parent Information

1. As of today what is the marital status of your legal parents?

Never Married <input type="checkbox"/>	Married or Remarried <input type="checkbox"/>	Unmarried and Both Parents living together <input type="checkbox"/>
Divorced or Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	

2. What is the month and year they were married, remarried, separated, divorced, widowed?

Month	Year

3. What are your Parent's Information? Parent means Mother/Father/Stepparent

Parent 1 Social Security Number _____ - _____ - _____	Date of Birth _____
Parent 1 Last Name and First Initial: _____	
Parent 2 Social Security Number _____ - _____ - _____	Date of Birth _____
Parent 2 Last Name and First Initial: _____	

4. What is your parents' state of legal residence? _____

5. Did your parents become legal residents of this state before January 1st, 2014? Y N

6. If the answer to question 5 is No, give the month and year legal residency began for the parent who has lived in the state the longest Month _____ Year _____

7. How many people are in your parents' household? _____

Must Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parents.
- If your parents are currently unmarried, separated or divorced, but still live together then list both parents.
- Your Parent's other children even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2019 through June 30, 2020, or (b) the children would be required to provide parental information on their FAFSA.
- Other people if they now live with your parent(s), and your parents' provided more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

8. At any time during 2017 or 2018, did you, your parents, or anyone in your parents household (from question 7) receive benefits form any of the federal programs listed? **Mark all that apply.** Answering these questions will not reduce eligibility for student aid or these programs. If you, your parents, or anyone in your household receives any of these benefits after filing the FAFSA but before December 31, 2018, you must update your responses by logging into www.fafsa.gov.

Medicaid or Supplemental Security Income (SSI) <input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) <input type="checkbox"/>
Free or Reduced Price Lunch <input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/>	

9. For 2017, have your parents completed their IRS income tax return or another tax return? Yes No Will file

10. What Income tax return did your parents file or will they file in 2017?

IRS 1040 <input type="checkbox"/>	A foreign tax return <input type="checkbox"/>
IRS 1040A or 1040EZ <input type="checkbox"/>	A tax return with Puerto Rico, another US territory or Freely Associated State <input type="checkbox"/>

11. For 2017, what is or will be your parents' tax filing status according to their tax return?

Single <input type="checkbox"/>	Married—Filed Joint Return <input type="checkbox"/>	Qualifying widow (er) <input type="checkbox"/>
Head of Household <input type="checkbox"/>	Married-Filed Separate Return <input type="checkbox"/>	Don't Know <input type="checkbox"/>

12. If your parents have filed or will file a 1040, were they eligible to file a 1040A or 1040EZ? Yes No Don't Know

13. As of today, is either of your parents a dislocated worker? Yes No Don't Know

For questions 14-24, if the answer is zero or the question does not apply, enter 0 (Leave no blank answers). Report whole dollar amounts with no cents.

14. What was your parent's adjusted gross income for 2017? Adjusted gross income is on IRS 1040—line 37; 1040A—line 21; or 1040EZ—line 4.

15. Enter your parents' income tax for 2017. Income tax amount is on IRS Form 1040—line 56 minus line 46; 1040A—line 28 minus line 36; or 1040EZ—line 10.

16. Enter your parents' exemptions for 2017. Exemptions are on IRS Form 1040—line 6d or on Form 1040A—line 6d. _____

Questions 17 and 18 ask about earnings (wages, salaries, tips, etc.) in 2016. Answer the questions whether or not a tax return was filed. This information may be on the W2 forms or on the tax return selected in question 23: IRS Form 1040—lines 7+12+18+Box 14 (Code A) of IRS Schedule K-1 (Form 1065); 1040A—line 7; or 1040EZ—line 1. If an individual earning item is negative, do not include that item in your calculation. Report the information for the parent listed in questions 3-6 in question 17 and the information for the parent listed in questions 7-10 in question 18.

17. How much did Parent 1 (father/mother/stepparent) earn from working in 2017? _____

18. How much did Parent 2 (father/mother/stepparent) earn from working in 2017? _____

19. As of today, what is your parents' total current balance of cash, savings, and checking accounts? Don't include student financial aid.

20. As of today, what is the net worth of your parents' investments, including real estate? Don't include the home in which the parents live.

21. As of today, what is the net worth of your parents' current businesses and/or investment farms? Don't include a family farm of family business with 100 or fewer full-time or full-time equivalent employees. _____

22. Parents' 2017 Additional Financial Information (Enter the amounts for your parent(s).a. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS form 1040—line 50 or 1040A—line 33. _____

b. Child support paid because of divorce or separation or as a result of a legal requirement. **Don't include** support for your children in your parents' household, as reported in question 7.

c. Your parents' taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships or assistantships. _____

d. Your parents' taxable college grant and scholarship **aid reported to the IRS in your parents' adjusted gross income.** Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.

e. Combat pay or special combat pay. Only enter the amount that was taxable and included your parents' adjusted gross income. **Don't include** untaxed combat pay.

f. Earnings from work under a cooperative education program offered by a college. _____

23. Parents' 2017 Untaxed Income (Enter the amounts for your parent (s)).

a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to \$ amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits).

b. IRA deductions and payments to self-employed SEP, SIMPLE, KEOGH and other qualified plans from IRS 1040—line 28 + line 32 or 1040A—line 17. _____

c. Child support received for any of your parents' children. **Don't include** foster care or adoption payments. _____

d. Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b. _____

e. Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 12b). **Exclude rollovers.** If negative, enter a zero here. _____

f. Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). **Exclude rollovers.** If negative, enter a zero here.

g. Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). **Don't include** the value of on-base military housing or the value of a basic military allowance for housing.

h. Veterans non education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and or VA Educational Work-Study allowances. _____

i. Other untaxed income not reported in items 23a through 23h, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. **Don't include** foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans) foreign income exclusion or credit for federal tax on special fuels. _____

If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time. If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document relation of the federal student aid programs electronically using a Federal Student Aid ID (FSA ID), username and password, and/or any other credential, you certify that you are the person identified by that FSA ID, username and password, and/or other credential, and have not disclosed that FSA ID, username and password, and/or other credential to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000 sent to prison, or both.

24. Date this form was completed

Month	Day	Year

25. Student Signature _____

26. Parent Signature _____