

I am the student's: Spouse Parent Parent's Spouse/Partner

Required information about you is missing from your student's FAFSA. Please complete form in blue or black ink. Incomplete forms will not be accepted.

PERSONAL INFORMATION

Full Legal Name:
(as it appears on your Social Security Card) First Name: _____ Middle Name: _____
Last Name: _____ Suffix: _____

Permanent Address:
(include Apt #) Permanent Street Address: _____
City: _____ State: _____ Zip: _____ Country: _____

Date of Birth: _____

Social Security Number: _____

State of Legal Residence: _____ Date you became a legal resident: _____

Marital Status: Single (never married) Married (not separated) Remarried
 Separated Divorced Widowed

At any time during 2024 or 2025, did you or anyone in your family receive benefits from any of these federal programs?
Select all that apply. Check "None of these apply" if none are applicable.

<input type="checkbox"/> None of these apply	<input type="checkbox"/> Earned Income Credit (EIC) on Federal Income Tax Return	<input type="checkbox"/> Refundable credit for coverage under a qualified health plan (QHP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
	<input type="checkbox"/> Federal housing assistance	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP or food stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	<input type="checkbox"/> Free or reduced-price school lunch	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Medicaid

CERTIFICATION AND SIGNATURE

By signing this form, I certify that all of the above information is complete and correct.

Student's Full Name

Student ID

Parent\Spouse Signature

Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.