

24.

Itemized Deductions:

IRS Form 1040 - Line 40 (if any)



# 2009-2010 College Financial Data Form

Client Name:								
Parent Email Address:								
(For parent correspondence)	C4:	a.a. O.a.a.	C4		Info.			
	Secti	on One:	Stu					
1. Student's Name:				11.		student married?		Y/N
1. Student's Name:  Last, First, Middle Initial					If yes, p	olease complete 11-13	$\dashv$	
Last, First, Middle Hittal				12.	Studen	t's Spouse's Name:		
2. Street Address:				12.	Studen	t 3 Spouse 3 Name.		
Enter the address where the stu	dent lives mo	st of the year.		13.	Spouse	's Date of Birth:		
		or or the year.		10.	Opouso	3 Date of Birtin		
3. City, State, ZIP:				14.	Spouse	's SSN:		
, , , , , , , , , , , , , , , , , , ,					To produce			
4. Home Phone:				15.	Does th	ne Student have Chil	ldren?	Y / N
					If yes, r	number of children:		
5. Student's SSN:*								
				16.	Has the	student ever been		
6. Student's Date of Birth:*					convict	ed of a drug offense	es?*	Y/N
	(MI	M/DD/YYYY)						
				17.	Date of	State Residency:		
7a. Student's High School:							(MI	M/DD/YYYY)
7b. Type of School	Pub	lic / Private		18.	Standa	rdized Test Scores*		
0 Charles to 11 C Cardon as						SAT Verbal/Critical		
8. Student's H.S. Grad year:							T Math:	
On Driveria License No. *						SALV	Writing: ACT:	
9a. Driver's License No.:*  9b. State:*							ACT.	
9b. State.				19.	If the s	tudent is male and i	is at	
10. Is the student a US citize	22 *	Y/N		17.		ge 18, is he registere		
If no, enter Alien Reg. No.	1;	1 / 14				ve Service?*	Ju Willi	Y/N
in no, enter men neg. No.				<u> </u>	1			
80	otion T	WO Stu	dont	Inc	ama l	Information		
36	Clion	wo. Stut	Jeni	IIIC		illorillation		
Please note: Estimates are perfe							orms so t	hat the student is
first in line pertaining to financia	l aid. You ca	an use last year's	figure	s as a re	ference.			
20. Student's Tax Status	for 2009:							
Alrea	ady filed	Will file	, but ha	ve not co	mpleted	Will not file	Э	
21. Student's Earned Income	:	\$		25. <b>U</b>	Intaved	Income & Benefi	te	
22 Chudomto Line a mandal Language	•••	(W-2 Wages)				Contribution to	.3.	
22. Student's Unearned Incomplete Interest, Dividends, etc.	ne:	\$				Deferred Plans:		\$
interest, Dividends, etc.								•
23. Student's Adjusted Gross	Incomo	\$		b. S	ocial Sec	curity Benefits:		\$
25. piudeni s Adjusted G1055	HICOHIE.	Φ				1	<del></del>	

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\$

c. Other Untaxed Income:

\$

(Specify)

# **Section Three: Student's College Choices**

ollege/University:	City	State/Prov
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
pes of schools younger sibling If no remark, then the planning for the	or Special Circumstances  gs are interested in or pote  se children will be the same as the s	
	gs are interested in or pote	
	gs are interested in or pote	
	gs are interested in or pote	
	gs are interested in or pote	
	gs are interested in or pote	
	gs are interested in or pote	
	gs are interested in or pote	
	gs are interested in or pote ose children will be the same as the s	student we are planning for

39. On a **MONTHLY BASIS**: What does it cost to run your household? (i.e. Expenses)





# **Section Four: Parent & Family Information**

## **Father's Information**

40.	Father's Full Name:	41.	Number of years with employer:		
	Enter N/A if not applicable				
		43.	Work Phone Number:		
42.	Father's Date of Birth:				
		45.	Father's Highest Educational Level:		
44.	Father's SSN:				
		47.	Have you changed jobs in the last 5 y	ears?	Y/N
46.	Father's Occupation:		Do you plan to?		Y/N
48.	Father's Employer:			·	

## **Mother's Information**

49.	Mother's Full Name:	50	Number of years with employer:		
	Enter N/A if not applicable				
		52.	Work Phone Number:		
51.	Mother's Date of Birth:				
		54.	Mother's Highest Educational Level:		
53.	Mother's SSN:				
		56.	Have you changed jobs in the last 5 y	ears?	Y/N
55.	Mother's Occupation:		Do you plan to?		Y/N
57.	Mother's Employer:				·

#### **Family Information**

58.	Parent's Marital Status: 59	9. Date: ( <b>MM/YYYY</b> )				
İ	M : 1/D : 1					
	Married / Remarried					
	Separated					
	Divorced					
	Widowed					
	Never Married					
63.	Parent's date of state residency:					
		(MM/DD/YYYY)				
65.	Number in College 2009-10 school	year:				
	Enter the number of family members who will attend college at least halftime for one or more academic periods in the 2008-2009 school year.					
	Always include the student. DO NOT include parents.					
67.	Number in Household:					
69.	Pre-College children:					
	Number of pre-college children in household					
	(do not include student)					

60.	Do you own your home?	Y/N
61.	How would you describe your	
	credit rating?	
	Excellent / Good / Fair / P	oor
62.	Do you have a will?	Y/N
	Date will was signed:	
Opt	ional for college/scholarship eligi	bility only
64.	What is your family's religious preferer	nce?
66.	What is the name of your family's place	e
	of worship?	
68.	What race/ethnicity does your family consider itself?	

#### Section Five: 2009/2010 Parents Income Information

Please note: Estimates are perfectly acceptable. We always use estimates to complete the financial aid forms so that the student is first in line pertaining to financial aid. You can use last year's figures as a reference.

2009 2010

		2009	2010			2009	2010
70.	Father's Earned Income:	\$	\$	80.	Elementary/Secondary School Tuition		
	Box 5, W-2	(W-2 wages only)	(W-2 wages only)		For the student -		
				a.	Parent's contribution:	\$	\$
71.	Mother's Earned Income:	\$	\$	b.	Tuition scholarships/grants:	\$	\$
	Box 5, W-2	(W-2 wages only)	(W-2 wages only)				
					All other siblings-		
72.	Parent's Other Taxable Income:	\$	\$	C.	Parent contribution:	\$	\$
	Business, Self-Employment, or Schedule C			d.	Tuition scholarships/grants:	\$	\$
73.	IRA Contributions:	\$	\$				
					Un-reimbursed	\$	\$
				81.	Medical/Dental Expenses:		
74.	Contributions to Retirement Accts.: 401(k), 403(b), etc.	\$	\$		DO NOT include health ins premiums!		
75.	Untaxed Social Security Benefits:	\$	\$	82.	Child Support Paid:	\$	\$
74	Derent's Adjusted Cress Income.	\$	\$	83.	Child Support Received:	\$	\$
76.	Parent's Adjusted Gross Income:	Φ	Ψ	83.	Criiid Support Received.	φ	Ψ
	Itemized deductions:						
77.	IRS Form 1040 – Line 40	\$	\$	84.	Worker's Compensation:	\$	\$
	Other Untaxed Income:					¢.	\$
78.	(Specify)	\$	\$	85.	Unemployment Benefits:	Φ	Φ
79.	Total income tax:	\$	\$	86.	Housing Allowance:	\$	\$
	IRS Form 1040 – Line 63				Housing, food, and other living allowances paid to members of the		
					clergy, military, and others.		

## **Asset Information Summary**

List Retirement Account information in the identified section below\*\*
Please include UTMA/UGMA (custodial accounts) as student assets

		Pare	Parent(s)		Student		ing(s)
		<u>Value</u>	<u>Debt</u>	<u>Value</u>	<u>Debt</u>	<u>Value</u>	<u>Debt</u>
87.	Cash, Checking, Savings:	\$		\$		\$	
88.	Certificates of Deposit:	\$		\$		\$	
89.	Treasury Bills:	\$		\$		\$	
90.	Money Market Funds:	\$		\$		\$	
91.	Mutual Funds:	\$		\$		\$	
92.	Stocks:	\$	\$	\$	\$	\$	\$
93.	Bonds:	\$	\$	\$	\$	\$	\$
94.	Tax Exempt Bonds:	\$		\$		\$	
95.	Annuities (non-qualified):	\$	\$	\$	\$	\$	\$
96.	Trust Funds:	\$	\$	\$	\$	\$	\$
97.	Limited Partnerships:	\$		\$		\$	
98.	Business Assets:	\$	\$	\$	\$	\$	\$
99.	Farm Assets:	\$	\$	\$	\$	\$	\$
	86a. Do you live on farm	? <b>Y / N</b>	86b. Did you	I file IRS Sched	ule F? Y/N		
100.	Pre-paid Tuition Accts. (529's):	\$		\$		\$	
101.	Other Assets:	\$	\$	\$	\$	\$	\$

# Section Six: Debt/Liability Obligations ASSETS: HOME

102.

Purchase Price: \$	Year of Purchase:		Present Value: \$	
*If you own additional real estate, please list on separate sheets.				
			MDV (office use only):	\$

103.

#### **Liabilities (Debt)**

<u>Type</u>	Monthly Payment*	<u>Current Balance</u>
1 <sup>st</sup> Mortgage (Principal/Interest Only):	\$	\$
2 <sup>nd</sup> Mortgage:	\$	\$
Home Equity/Line of Credit:	\$	\$
Car Loans:	\$	\$
Credit Cards:	\$	\$
Other Debt:	\$	\$
Life Insurance:	\$	

## **Section Seven: Retirement Asset Information**

Enter net asset value (asset value – asset debt)

104.

RETIREMENT ACCOUNT(S) SUMMARY  TOTAL VALUE				
	<u>Father</u>	Mother		
IRA:	\$	\$		
401(k):	\$	\$		
403(b):	\$	\$		
Pension Fund:	\$	\$		
Annuities (qualified):	\$	\$		
Rollover:	\$	\$		
Keogh/SEP/Simple:	\$	\$		
Monthly Contribution:	\$	\$		
(\$ or % amt.)	%	%		
Employer Match:	\$	\$		
(\$ or % amt.)	%	%		

•	Would you	like to see an income estimate for your current personal retirement funds and contributions?
	i.	Yes No
	ii.	At what age do you anticipate retiring?
	iii.	What percent of growth do you anticipate on your retirement funds? (circle one) 3% 4% 5% 6%

105

## **Section Eight: Family Members**

Family Member Listing – Give Information for all family members. Always include parents.

Full Name of Family member	Date of Birth	Name of School or College	Public or	Claimed by parent(s) as	Year in
ruli Name of Family member	mm/dd/yyyy	(2009 - 2010 School Year)	Private?	tax exemption for 2008?	School
				Y/N	

#### **Section Nine: Life Insurance**

106	Use separate sheet for addl. policies	<u>Father</u>		<u>Mother</u>		
	Individual Insurance Policy	#1	#2	#1	#2	
	Smoker or Nonsmoker:	Υ	/ N	Υ	/ N	
	Type of policy: Term / Whole Life / Variable / VUL					
	Face Amount of Insurance Coverage:	\$	\$	\$	\$	
	Annual premium:	\$	\$	\$	\$	
	Cash Value:	\$	\$	\$	\$	
	Current surrender value:	\$	\$	\$	\$	

107	. Do you have term life insurance through an employer's group policy? If so, note which parent(s) are
	covered, the amount of coverage, and the cost (if any):
108	In the event of death or disability, what expenses would you profer to have paid? For example, type an <b>Y</b> under

In the event of **death or disability**, what expenses would you prefer to have paid? For example, type an **X** under the husband's column for the expense that should be covered in the event of the husband's death.

Expense	Husband	Wife
Children(s) Education:		
Home Mortgage:		
Replaced income or Disability:		
Day care:		
Credit Card debt:		
Automobile Loans:		
Other:		

- 4	$\sim$	$\sim$	
-1	u	9	

#### Comments or Special Circumstances

List any items that would change or create an incorrect financial Snapshot from the information provided in these sheets. *Example: a change of or loss of employment.* 

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