



INFORMATON NEEDED FOR COMPLETION OF 2024-2025 FAFSA

You will need records of income earned for the year 2022. You may also need records of yours and parent(s) income if you are a Dependent student. A "Dependent" student is a student who is: Under 24 years old; not married; not a veteran or active duty; not an orphan or in legal guardianship and do not have child(ren) you provide at least 1/2 support.

The information above is basic information needed to complete the FAFSA. If student has checking and/or savings account, investments, business or more than 100 employees, etc., more information will be needed. ***PLEASE HAVE YOUR FSA ID USERNAME AND PASSWORD VERIFIED AND AVAILABLE TO USE.***

Student Information

- Student SS#: _____
If you are not an U.S. citizen, what is your Alien Registration or Permanent Residency #: A_____
Birthday: _____
Marital Status (please check one): [] Single [] Married [] Separation [] Divorced [] Widowed
Month and Year of Student Marital Status: _____
Email Address: _____

For the 2024-25 FAFSA, if you, the student filed, information from your 2022 federal tax return will automatically be retrieved from the IRS (Internal Revenue Service) to the FAFSA form. If filed, please bring 2022 tax return and W2 forms in case taxes cannot be automatically retrieved or complete the following tax information from your IRS 1040 and/or W2 form(s). If you did not file 2022 taxes, please fill in spaces with "zero."

- W2 Form(s) Amounts: Box 1(Salaries, wages and tips): \$_____ Box 2(Federal Tax Withheld): \$_____
Check filing status if filed: [] Single [] Head of Household [] Married filing joint [] Married filing separately
Adjusted Gross Income (IRS 1040, #11): \$_____
Federal Income Tax paid (found on IRS form IRS 1040-line 22 minus Schedule 2 line 2. If negative, enter zero) \$_____

At any time during 2022-23, did anyone in your household receive benefits from any of the following federal programs listed? Check all that apply:

- [] Medicaid [] Supplemental Security Income (SSI) [] Supplemental Nutrition Assistance Program (SNAP)
[] Free/Reduced Priced School Lunch [] Temporary Assistance for Needy Families
[] Special Supplemental Nutrition Program for Women, Infants & Children (WIC) [] Social Security/Disability

Other nontaxable income:

- Child Support received: \$_____

I understand the information above will be used for Federal Student Aid purposes (FAFSA completion). It also determines eligibility to participate in the Educational Opportunity Center/College Bound programs. All personal information will be kept confidential. I attest to the accuracy and truthfulness of this information and have completed this form in its entirety.

Student Signature

Date

Parent(s) (Contributors) Information

- **Father/Stepfather (Contributor 1) SS#:** _____ **D.O.B:** _____
- **Mother/Stepmother (Contributor 2) SS#:** _____ **D.O.B:** _____

Marital Status (please check one): Single Married Remarried Divorced Separated
 Widowed

- **Month and Year of Student Marital Status:** _____

In order to complete the Parent (Contributor) section of the 2024-25 FAFSA, the parent will be sent an invitation email from their son/daughter to complete their portion of the form. If the parent needs assistance with this portion, please list parent email username and password. If parent does not have an email or does not want to give access to their email, please create an email specifically used to retrieve the FAFSA invite. *PLEASE HAVE PARENT FSA ID USERNAME AND PASSWORD VERIFIED AND AVAILABLE.*****

Parent (1) Email: _____

Parent (2) Email: _____

Password: _____

Password: _____

For the 2024-25 FAFSA, if you, the student filed, information from your 2022 federal tax return will automatically be retrieved from the IRS (Internal Revenue Service) to the FAFSA form. If filed, please bring 2022 tax return and W2 forms in case taxes cannot be automatically retrieved or complete the following tax information from your IRS 1040 and/or W2 form(s):

- **W2 Form(s) Amounts:**

Parent 1 (Contributor) Box 1 (Salaries, wages and tips): \$ _____ **Box 2 (Federal Tax Withheld):** \$ _____

Parent 2 (Contributor) Box 1 (Salaries, wages and tips): \$ _____ **Box 2 (Federal Tax Withheld):** \$ _____

- **Check filing status if filed:** Single Head of Household Married filing joint Married filing separately
- **Adjusted Gross Income (IRS 1040, #11):** \$ _____
- **Federal Income Tax paid (found on IRS form IRS 1040-line 22 minus Schedule 2 line 2. If negative, enter zero)**
\$ _____

At any time during 2022-23, did anyone in household receive benefits from any of the following federal programs listed? Check all that apply:

- Medicaid Supplemental Security Income (SSI) Supplemental Nutrition Assistance Program (SNAP)
- Free/Reduced Priced School Lunch Temporary Assistance for Needy Families
- Special Supplemental Nutrition Program for Women, Infants & Children (WIC) Social Security/Disability

Other nontaxable income:

- **Child Support received:** \$ _____

I understand the information on this form will be used for Federal Student Aid purposes (FAFSA completion). It also determines eligibility to participate in the Educational Opportunity Center/College Bound programs. All personal information will be kept confidential. I attest to the accuracy and truthfulness of this information and have completed this form in its entirety.

Parent Signature

Date