



College Planning Service America

Family Data Profile

(updated 07/04/2017)

STUDENT INFORMATION

Last Name _____

First Name _____

Middle Initial _____

Social Security Number _____ - _____ - _____

Date Of Birth ____/____/____

Male/Female M F

Home Address (Include Apt. #) _____

City _____

State _____

Zip Code _____

State Of Legal Residence _____

Were You A Legal Resident Before 01/01/2012? Yes No

When Did You Become A Legal Resident? Month _____ Year _____

Home Phone Number _____ - _____ - _____

Student Email Address _____

Student Marital Status _____

Student Driver's License Number _____ - _____ - _____

Student 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?

Hs Sr Fr So Jr Sr

When You Begin This Coming School Year, What Degree Will You Be Working On?

1st Bachelor's 2nd Bachelor's
Master's Doctorate
Associate's Certificate

Are You Interested In Being Considered For Work Study?

Yes No

Will You Have Your First Bachelor's Degree Before 07/01/2016?

Yes No

Highest School Your Parent 1 Completed

Hs College Post Grad

Highest School Your Parent 2 Completed

Hs College Post Grad

Drug Conviction Affecting Eligibility

Yes No

SCHOOL SELECTION SUMMARY

Name Of School

Location

Housing

(On/Off Campus, Commuter)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes Regarding College Choices:

PARENT INFORMATION

Current Marital Status

Single Married Divorced/Separated Widowed

Date Of Marriage

____/____/____

Date Of Divorce/Separation

____/____/____

Date Widowed

____/____/____

Parent 1: Social Security Number

____-____-____

Parent 2: Social Security Number

____-____-____

Parent 1: Last Name

Parent 2: Last Name

Parent 1: First Name

Parent 2: First Name

Parent 1: Middle Initial

Parent 2: Maiden Name

Parent 1: Date Of Birth

____/____/____

Parent 2: Date Of Birth

____/____/____

Parent 1: Driver's License Number

____-____-____

Parent 2: Driver's License Number

____-____-____

Parent 1: Driver's License State

Parent 2: Driver's License State

Parent 1: State Of Legal Residence

Parent 2: State Of Legal Residence

Did Parent 1 Become A Legal Resident Before
01/01/2012? Yes No

Did Parent 2 Become A Legal Resident Before
01/01/2012? Yes No

When Did Parent 1 Become Legal Resident?

____/____

When Did Parent 2 Become Legal Resident?

____/____

*Parent 1: Email Address

Parent 2: Email Address

* Check Box For Email To Be Used For All Official Correspondence

Family Member	Relation To Student	Date of Birth	School	Year/Grade
_____	Self	X	_____	_____
_____	Parent	X	_____	_____
_____	Parent	X	_____	_____
_____	Brother/Sister	_____	_____	_____
_____	Brother/Sister	_____	_____	_____
_____	Brother/Sister	_____	_____	_____

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 2017?
Line 37 (1040) / Line 21 (1040A) / Line 4 (1040EZ) \$ _____

How Much Did Parent 1 Earn From Working (Salary/Wages/Tips)?
(From W-2, 1099 Or Lines 7, 12, 18 From 1040) \$ _____

How Much Did Parent 2 Earn From Working (Salary/Wages/Tips)?
(From W-2, 1099 Or Lines 7, 12, 18 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 Form, Were They Eligible To File A
1040a Or 1040ez? Yes No

Enter The Amount Of Federal Income Tax Paid (Line 56) \$ _____

Enter The Total Number Of Family Exemptions _____

ADDITIONAL PARENTAL FINANCIAL INFORMATION

Education Credits (American Opportunity, Hope, Lifetime Learning) (Line 50) \$ _____

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 Co-Op Program Through 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 \$ _____

Veteran's Non-Education Benefits (Disability, Death Pension) \$ _____

Other Untaxed Income (Workmen's Compensation, Disability) \$ _____

PARENTAL ASSESTS

Financial Institution	Type Of Account	Account Value
_____	Checking	\$ _____
_____	Checking	\$ _____
_____	Savings	\$ _____
_____	Savings	\$ _____
_____	Money Market	\$ _____
_____	Mutual Funds	\$ _____
_____	Mutual Funds/Stocks	\$ _____
_____	Mutual Funds/Bonds	\$ _____
_____	529/TAP	\$ _____
_____	Real Estate (Other Than Primary Residence)	\$ _____
	TOTAL	\$ _____

STUDENT FINANCIAL INFORMATION

What Type Of Return Does Student File?

1040 1040a 1040ez Non-Filer

What Was Student's Adjusted Gross Income For 2017?

Line 37 (1040) / Line 21 (1040A) / Line 4 (1040EZ)

\$ _____

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

If Family Filed A 1040 Federal Form, Were They Eligible To File A 1040a Or 1040ez?

Yes No

Enter The Amount Of Federal Income Tax Paid (Line 56)

\$ _____

Enter The Total Number Of Family Exemptions

STUDENT ASSETS

Financial Institution	Type Of Account	Account Value
_____	Checking	\$ _____
_____	Savings	\$ _____
_____	Money Market	\$ _____
_____	Mutual Funds	\$ _____
_____	Mutual Funds/UTMA	\$ _____
		\$ _____

ADDITIONAL INFORMATION

	TOTAL
Parent 1: Occupation _____	Parent 2: Occupation _____
Number Of Years _____	Number Of Years _____
Name of Employer _____	Name of Employer _____
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 _____ %

Date Business Started ____/____/____

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 (Include Insurance & Taxes) \$ _____

If You Do Not Have A Mortgage On Primary Residence,
List The Amount Of Monthly Rent Paid \$ _____

OTHER REAL ESTATE

Year Purchased _____

Estimated Value \$_____

Mortgage:

Lender _____

Years Remaining _____

Monthly Payment (Include Insurance & Taxes)

Location _____

Purchase Price \$_____

FHIM Value \$_____

Term 10 15 20 30

Balance \$_____

\$_____

OTHER REAL ESTATE

Year Purchased _____

Estimated Value \$_____

Mortgage:

Lender _____

Years Remaining _____

Monthly Payment (Include Insurance & Taxes)

Location _____

Purchase Price \$_____

FHIM Value \$_____

Term 10 15 20 30

Balance \$_____

\$_____

INSURANCE & RETIREMENT

Name Of Insured	Insurance Company	Type	Amount
_____	_____	WL T UL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	WL T UL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	WL T UL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	WL T UL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

Owner	Location	Type	Amount
_____	_____	WL T UL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

Type
 IRA/SEP/403b
 401k-active/inactive
 Savings/Pension

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Needs Analysis & Recommendations:
