



College Planning Service America

Family Data Profile

(updated 04/10/2021)

STUDENT INFORMATION

Last Name _____

First Name _____

Middle Initial _____

Social Security _____ - _____ - _____

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 01/01/2017? 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

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 07/01/2020?

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
01/01/2017? Yes No

Did Parent 2 Become A Legal Resident Before
01/01/2017? 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

What Was Family's Adjusted Gross Income For 2020?
Line 7

\$ _____

How Much Did Parent 1 Earn from Working (Salary/Wages/Tips)?
(From W-2, 1099 Or Schedule 1)

\$ _____

How Much Did Parent 2 Earn from Working (Salary/Wages/Tips)?
(From W-2, 1099 Or Schedule 1)

\$ _____

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

Enter the Amount of Federal Income Tax Paid
(Line 18)

\$ _____

Enter the Total Number of Family Exemptions

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 \$ _____

Child Support Received for All Children \$ _____

Tax Exempt Interest Income
(Line 2a) \$ _____

Untaxed IRA Distributions and/or Untaxed Portion of Pensions
(EXCLUDE ROLLOVERS) (Line 4a-4b) \$ _____

Living Allowance Paid to Military or Clergy or Others \$ _____

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

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

PARENTAL ASSESTS

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

STUDENT FINANCIAL INFORMATION

What Type of Return Does Student File?

1040 Non-Filer

What Was Student's Adjusted Gross Income for 2020?

(Line 7 1040)

\$ _____

How Much Did Student Earn from Working (Salary/Wages/Tips)?

(From W-2, 1099 or Schedule 1)

\$ _____

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

Enter the Amount of Federal Income Tax Paid

(Line 18)

\$ _____

Enter the Total Number of Family Exemptions

STUDENT ASSETS

Financial Insitution	Type of Account	Account Value
_____	Checking	_____
_____	Savings	_____
_____	Money Market	_____
_____	Mutual Funds	_____
_____	Mutual Funds/UTMA	_____
		TOTAL \$ _____

ADDITIONAL INFORMATION

PARENT 1

Occupation

Number of Years

Name of Employer

Address of Employer

Work Phone

Cell Phone

PARENT 2

Occupation

Number of Years

Name of Employer

Address of Employer

Work 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 \$ _____

Monthly Payment (Include Insurance & Taxes) \$ _____

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 \$ _____

Monthly Payment (Include Insurance & Taxes) \$ _____

INSURANCE & RETIREMENT

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

Owner	Location	Type IRA/SEP/403b 401k-active/inactive Savings/Pension	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Needs Analysis & Recommendations: