C.P.S. America

College Planning Service America, LLC

201+ - **20% Family Information Update**

Student's Fu	III Name:			
Attending Whi	ch College or University: _			
Check <u>Which S</u>	<u>emesters</u> they will be atte	nding the above school: (ch	eck all appropriate bo	oxes)
Fall '17	Winter '17	Spring '18	Summer '18	
Indicate their <u>£</u>	E <i>nrollment Status</i> for EACH	d semester: (F = Full Time, F	? = Part Time)	
Fall '17	Winter '17	Spring '18	Summer '18	
Indicate their <u>F</u>	Housing Status for EACH se	emester: (O = On Campus, F	= Off Campus, C = Co	mmuter)
Fall '17	Winter '17	Spring '18	Summer '18 _	
please indicate	ed where and how many co	redits:		
17-18 Expected	d Grade Level : (check one)	FR SO JR	SR	GPA:
Total expected	l <i>Credits</i> by start of Fall 20	18 accumulated:	Major:	
Student's Fir	nancial Information:			
Checking/Savir	ngs: \$ Mo	ney Market/CD's: \$	Mutual I	Funds: \$_
Stocks: \$	Bonds: \$	Trust Funds: \$	UTMA/UGN	1As: \$
Has the studer	nt filed Federal 2016 Taxes	: Yes No	_	
• List all v	wages in 2016: (indicate N	/A if applicable) \$		
• List all o	other 2016 income and its	source: (indicate N/A if app	olicable)	
•				

<u>Parent's Financial In</u>	tormation:			
Do you have any assets h	neld with Allianz produc	ts that we service for y	you? Yes	No
Assets (Non-Retiren	nent):			
Checking/Savings: \$	Money Ma	orket/CD's: \$	Mutual Fu	unds: \$
Trust Funds: \$	Stocks: \$	Bonds: \$	529/T	AP: \$
Parent's Retirement Type Of Account	Accounts: (e.g.: IRA, In Who's Name			etc.)
		s		
 Change in parent's <i>Mari</i> Date of current marital s				
Indicate Number Of Fan øh ildren and parents)	nily Members Living In	Home For 17-18 : (inclu	ude grandparents	s, college students,
Indicate Number Of Fan	nily Members In College	For 17-18 : (including	parents if attend	ing college)
Family Member Info	rmation: (list all memb	bers even if not in scho	ool)	
<u>Name</u>	<u>School</u>	<u>17-18 Grade L</u>	<u>evel</u>	Cost
				\$
				\$
				\$

		_		\$		
Primary Residence:		-		\$		
Mortgage: Yes No:	Rent:	Yes:	No:	None:	(explain below)	
Outstanding Balance: \$		Monthly	Payment: \$			
Current Market Value: \$		Year Pur	chased:			
If New Home Indicate: Purchase Price:	\$		Total Numbe	er of Payments L	eft:	
Explanation:						
Home Equity: If	None, Plea	se Indicate	e: N/A			
Outstanding Balance: \$		Monthly	Payment: \$			
Available Balance: \$		Total Nu	mber of Payme	nts Left:		
Other Real Estate: If None, F	Dlease India	rate: N/A				
Outstanding Balance: \$			Payment: \$			
Current Market Value: \$		Purchase	e Price: \$			
Year Purchased:		Total Nu	mber of Payme	nts Left		
Type of Property (vacation home – time	e-share - rei	ntal prope	rty – land – etc.)		
Outstanding Balance: \$		Monthly	Payment: \$			
Current Market Value: \$ F			Purchase Price: \$			
Year Purchased:		Total Nu	mber of Payme	nts Left		
Type of Property (vacation home – time	e-share - rei	ntal prope	rty – land – etc.)		

PLEASE LIST ADDITIONAL PROPERTIES ON A SEPARATE PIECE OF PAPER

Other Income:

Amount of CHILD SUPPORT	RECEIVED for St	udent: \$				
How is it paid: Weekly:	Biweekly:	Monthly:	Yearly:			
Date support will end:		In None, Please Indicate:	N/A			
Is Support Court-Ordered?	Yes:	No:				
Amount of CHILD SUPPORT	RECEIVED for Sil	blings: \$				
How is it paid: Weekly:	Biweekly:	Monthly:	Yearly:			
Date support will end:		In None, Please Indicate:	N/A			
Is Support Court-Ordered?	Yes:	No:				
Amount of <i>CHILD SUPPORT PAID</i> for Student: \$						
How is it paid: Weekly:	Biweekly:	Monthly:	Yearly:			
Date support will end:		In None, Please Indicate:	N/A			
Is Support Court-Ordered?	Yes:	No:				
Amount of CHILD SUPPORT	PAID for Siblings	s: \$				
How is it paid: Weekly:	Biweekly:	Monthly:	Yearly:			
Date support will end:		In None, Please Indicate:	N/A			
Is Support Court-Ordered?	Yes:	No:				
Amount of Social Security B	<i>enefits</i> Received	l: \$ <i>If I</i>	None, Please Indicate: N/A			
By whom?						
Start date	E	nd date	<u></u>			

Amount of Workers Compensation Re	eceived: \$	If None, Please Indicate: N/A
• By whom?		
Start date		
Amount in <i>Disability Payments</i> Recei	ved: \$	If None, Please Indicate: N/A
• By whom?		
Start date		
Parental Employment Informat	ion:	
Change in <i>Parent's Employment</i> : Yes	:: No:	If None, Please Indicate: N/A
For Whom: Father: Moth	er:	
New Employer's Name & Address:		
• Name:		
• Street:		
City, State, Zip:		
Reason for Change in Employment:		
ineason for change in Employment.		
Was Unemployment Compensation F	Received? Yes:	No: <i>If None, Please Indicate: N/A</i>
If Yes, By Whom?	_	
Start date: End da	ate:	
Amount received \$ Please	Indicate: Monthly:	: Biweekly: Yearly:
Will there be a Significant Increase O		
If yes, indicate amount of difference:	\$ B	y whom:
Has either parent <i>Filed For Bankrupto</i>	cy in the last 7 years	s? Yes: No:
Date of bankruptcy:		
Date of discharge:		

	ues such as foreclosure, sheriff s ify issue:	ale, lien, or delinquency on your credit report?
Tuition Payments:		
List all tuition payments for Eler	nentary/Middle/High School bei	ng paid for 2016 school year:
<u>Student</u>	<u>School</u>	<u>Amount</u>
		Ś
		\$
		\$
		<u> </u>
Current Email Address:		
(Emails are only used to setup o	nline access to financial aid & CPS	SA Notices/Newsletters.)
Student's Email Address	:	
Mother's Email Address		
Father's Email Address:		
Which Email to be used	for all official correspon	dence?
Father's:	Mother's:	_

Please Return To Our Office By: October 1, 2017

If there are any significant changes to your family's financial situation, please indicate on a separate piece of paper or contact us with further details at 610-726-1146. We look forward to working with you again this year.

Thank You!