

## 2021-2022 PARENT INFORMATION WORKSHEET

You are required to complete this form because one or more parent that should have been represented on the FAFSA or on verification documentation was not included. You and your parent(s) need to complete the information below and submit for review of your financial aid eligibility.

Student Name

Kent State ID Number

**Definition of Parent:** A *parent* is defined by FAFSA as:

- The biological or adoptive parent(s) of the student.
- If parents were married to each other on the date the FAFSA was filed, both parents' information must be included.
- If biological parents are not married to each other but lived together in the same household on the date the FAFSA was filed, both parents' information must be included.
- If the student's parents were divorced or separated before the FAFSA was filed, use the information for the parent the student lived with more during the past 12 months. If that parent is remarried, the stepparent's information must be provided.
- A legal guardian, grandparent, or foster parent is NOT considered a parent unless they have legally adopted the student.

### 1. List the FAFSA Parent(s), using the definition above:

Parent	Social Security Number	Last Name	First Name	Date Of Birth
Parent/ Stepparent #1				
Parent/ Stepparent #2				

\*If you did not already provide your additional parent/stepparent's 2019 federal income tax return, please provide a signed copy of it.

2. Marital Status of the parent(s) listed above, as of the date the FAFSA was filed (check one)

\_\_\_\_\_ Married/Remarried \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Never Married

- 3. Date of Marital Status (reported above): \_\_\_\_/\_\_\_ (month/date/year)
- 4. Parents' State of Legal Residence: \_\_\_\_\_ Since (month/year): \_\_\_\_\_ /\_\_\_\_

#### 5. Did anyone in your parent's household receive the following benefits during 2018 or 2019?

#### Check all that apply.

- □ Supplemental Nutrition Assistance Program (SNAP)
- □ Supplemental Security Income (SSI)

- Medicaid
- Free or Reduced Price School Lunch
- 🗆 WIC

Temporary Assistance for Needy Families (TANF)\*
\* TANF may have a different name in your parents' state.

6. Parent Asset Information: State the value or net worth of the asset as of the date the FAFSA was filed. Do not leave any field blank. If there are no assets in a particular category, put \$0.

Parents	Cash, Checking and Savings Accounts	Other Investments*	Net Worth of Family** Owned Business (include net value of land, buildings, machinery, equipment)	Net Worth of Family Owned Investment Farm (do not include a farm that you live on and operate)
Parent/ Stepparent #1	\$	\$	\$	\$
Parent/ Stepparent #2	\$	\$	\$	\$

\* Other investments include real estate, trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, etc. Include the value of all college savings plans (529 and pre-paid tuition credit programs) owned by the parent or the student. Do not include the home you live in. Do not include the value of life insurance policies, retirement plans, pension plans, annuities, non-educational IRA's, Keogh plans etc. The value of education IRA's must be included.

- \*\* Does the business employ less than 100 full-time employees? Yes D No D
- 7. Parents' 2019 Additional Financial Information. Do not leave any field blank. If no income was received in a particular category, put \$0.

FOR MILITARY VETERANS ONLY: Combat Pay or Special Combat Pay that was taxable. Only include amount that was taxable and included in parent(s) Adjusted Gross Income on their 2019 Federal Tax Return. Combat pay is reported on parent(s) 2019 W-2 in Box 12, letter Q.	\$
Child support parent(s) paid because of divorce or separation in 2019. Don't include support received for children in parent(s) household.	\$
Parent(s) taxable earnings from Federal Work Study in 2019 or other need-based work programs.	\$
Parent(s) earnings from work under a cooperative education program in 2019. Enter the amounts you earned from work under a cooperative education program offered by an institution of higher education. Do not include Federal Work Study or Graduate Assistantships.	\$
Student grant, scholarship, and fellowship aid, including AmeriCorps awards reported to the IRS in parent(s) 2019 Federal Tax Return.	\$

# 8. Parents' 2019 Untaxed Income. Do not leave any field blank. If no income was received in a particular category, put \$0.

Child Support parent(s) received for all children in 2019. Don't include foster care or adoption payments.	\$
Payments to tax-deferred pension and/or savings plans (paid directly or withheld from earnings), including but not limited to amounts reported on parent(s) 2019 W-2 Form in box 12 codes D,E,F,G,H, & S.	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) in 2019.	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances in 2019.	\$
Any other untaxed income or benefits not reported elsewhere that parent(s) received in 2019. Examples include but are not limited to: worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, money received or paid on applicant's behalf, and combat pay not included in AGI on tax return (tax filers only). DO NOT INCLUDE student aid, Earned Income Credit, Additional Child Tax Credit, TANF (welfare) payments, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$

9. By signing this application, you hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of your knowledge. You understand that the Student Financial Aid Office at Kent State University will correct the FAFSA application, as necessary, based on the information submitted. You agree that you understand that if you received federal student aid based on incorrect information, you will need to repay it. You may also be required to pay fines and fees. By signing below, you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

Student Signature	Date	
Parent Signature	Date	
<b>Return this Form to:</b> One Stop for Student Services		

Fax: 330-672-6001 Submit Online: https://www.kent.edu/onestop. Click "Contact Us" to submit form.

PO Box 5190 Kent, Ohio 44242

> One Stop for Student Services • Kent State University P.O. Box 5190 • Kent, Ohio 44242 330-672-6000 (office) • 330-672-6001 (fax) • www.kent.edu/onestop