



2018-2019 Parental Data Worksheet

Student Name: _____ NMC ID: _____

What is your parents' marital status as of today: <input type="checkbox"/> Never Married <input type="checkbox"/> Unmarried and both parents living together <input type="checkbox"/> Married/Remarried <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed	Month and year parent was married, remarried, divorced, separated or widowed:
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	Social Security Number	Last Name	First Initial	Date of Birth
Parent 1 (Father/Mother/Stepparent)				
Parent 2 (Father/Mother/Stepparent)				

Parents' state of legal residence?	Month and Year legal residency began:
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How many people are in your parents' household? Include: <ul style="list-style-type: none"> • Yourself, even if you don't live with your parents, • Your parents, • Your parents' other children if (a) your parents will provide more than half of their support between 7/1/2018 and 6/30/2019 or (b) the children could answer "No" to every question in Step Three of the Free Application for Federal Student Aid (FAFSA), • Other people if they now live with your parents, your parents provide more than half of their support AND your parents will continue to provide more than half of their support between 7/1/2018 and 6/30/2019. 	
How many people listed above will be college students between 7/1/2018 and 6/30/2019? <ul style="list-style-type: none"> • Always count yourself as a college student. • Do NOT include your parents. • Include others if they are attending at least <u>half-time</u> in a program that leads to a college degree or certificate. 	

In 2016 or 2017, did you, your parents or anyone in your parents' household receive benefits from any of the federal programs listed? <input type="checkbox"/> NO <input type="checkbox"/> YES (check all that apply on the right)	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> Free or Reduced Price Lunch <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> Medicaid <input type="checkbox"/> 2016 <input type="checkbox"/> 2017
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For 2016, have your parents completed their IRS income tax return? <input type="checkbox"/> Already Completed <input type="checkbox"/> Will file, but have not yet completed their return <input type="checkbox"/> Not going to file	What income tax return did (or will) your parents file for 2016? <input type="checkbox"/> IRS 1040 <input type="checkbox"/> IRS 1040A or 1040EZ <input type="checkbox"/> Foreign tax return <input type="checkbox"/> Tax return with Puerto Rico, another US territory or Freely Associated State
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What was your parents' adjusted gross income in 2016? IRS Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4	\$
Enter your parents' income tax for 2016. IRS Form 1040-Line 56 minus line 46; 1040A-Line 28 minus line 36; 1040EZ-Line 10	\$
Enter your parents' exemptions for 2016. IRS Form 1040 or 1040A-Line 6d, 1040EZ-If neither box on line 5 is checked, enter 1 (single) or 2 (married). If a box is checked, use 1040EZ worksheet line F to determine your exemptions.	
As of today, is either of your parents a dislocated worker? Please write Yes, No, or Don't Know.	

The following questions ask about earnings (wages, salaries, tips, etc.) in 2016. Answer the questions whether or not a tax return was filed. This information may be on the W-2 forms or on IRS Form 1040-Line 7+12+18 and Box 14 (Code A) of IRS Schedule K-1 (Form 1065); 1040A-Line 7; 1040EZ-Line 1. If any individual earning item is negative, do not include that item in your calculation.

How much did Parent 1 (father/mother/stepparent) earn from working in 2016?	\$
How much did Parent 2 (father/mother/stepparent) earn from working in 2016?	\$

As of today, what is your parents' total current balance of cash, savings and checking accounts?	\$
As of today, what is the net worth of your parents' investments, including real estate? Investments include real estate (do not include the home you live in), rental property (includes a unit within a family home that has its own entrance, kitchen and bath rented to someone other than a family member), trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, etc. Investments do not include the home in which you live, the value of life insurance, retirement plans (401[k] plans, pension funds, annuities, non-education IRAs, Keogh plans, etc.) or cash, savings and checking accounts already reported above.	\$
As of today, what is the net worth of your parents' current businesses and/or investment farms? Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral.	\$

Business value does not include the value of a family farm that you (your spouse and/or your parents) live on and operate or the value of a small business if your family owns and controls more than 50 percent of the business and the business has 100 or fewer full-time or full-time equivalent employees. For small business value, your family includes (1) persons directly related to you, such as a parent, sister or cousin, or (2) persons who are or were related to you by marriage, such as a spouse, stepparent or sister-in-law.	
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PARENTS' 2016 ADDITIONAL FINANCIAL INFORMATION

Education Credits. IRS Form 1040-Line 50; 1040A-Line 33	\$
Child Support paid because of divorce or separation or as a result of a legal requirement. Do NOT include support for children in your parent's household.	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
Taxable student grant and scholarship aid as reported to the IRS in your parent's Adjusted Gross Income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
Combat pay or special combat pay as reported to the IRS in your parent's Adjusted Gross Income. Do NOT enter untaxed combat pay.	\$
Earnings from work under a cooperative education program offered by a college.	\$

PARENTS' 2016 UNTAXED INCOME

Payments to tax-deferred pension and savings plans. Includes, but is not limited to, amounts reported on the W-2 forms in boxes 12a-12d, codes D, E, F, G, H and S. Do NOT include amounts reported in code DD (employer contributions toward employee health benefits).	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans. IRS Form 1040-Line 28 + 32 or 1040A-Line 17.	\$
Child support received for any of your parent's children. Do NOT include foster care or adoption payments.	\$
Tax exempt interest income. IRS Form 1040 or 1040A-Line 8b	\$
Untaxed portions of IRA distributions. IRS Form 1040-Line (15a minus 15b) or 1040A-Line (11a minus 11b). Exclude Rollovers.	\$
Untaxed portions of pensions. IRS Form 1040-Line (16a minus 16b) or 1040A-Line (12a minus 12b). Exclude Rollovers.	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do NOT include the value of on-base military housing or the value of a basic military allowance for housing.	\$
Veterans non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
Other untaxed income NOT reported above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS 1040-Line 25. Do NOT include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$

If you are the student, by signing this application 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.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail or both.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using an FSA ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student's Printed Name: _____

NMC ID: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Non-Discrimination Policy Notice

Northwestern Michigan College (NMC) is committed to a policy of equal opportunity for all persons and does not unlawfully discriminate on the basis of race, color, national origin, religion, disability, genetic information, height, weight, marital status or veteran status in employment, educational programs and activities and admissions. nmc.edu/nondiscrimination

Submit to: **Northwestern Michigan College – Enrollment Services**
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 (231) 995-1035 • (800) 748-0566 • fax (231) 995-1937
 Email: sfs@nmc.edu • Website: www.nmc.edu/financialaid