

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

<p>1. Agency/Subagency originating request: U.S. Department of Education Federal Student Aid</p>	<p>2. OMB control number: a. <b>1845</b> <input type="checkbox"/> <b>0001</b> b. <input type="checkbox"/> NONE: ___ ___ ___ <input type="checkbox"/> NEW</p>																																		
<p>3. Type of information collection (<i>check one</i>):</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, <b>without change</b>, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, <b>with change</b>, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note Item A2 of Supporting Statement instructions</p>	<p>4. Type of review requested (<i>check one</i>):</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency <input type="checkbox"/> Approval requested by: ___/___/___</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date:</p> <p>a. <input type="checkbox"/> Three years from approval date</p> <p>b. <input checked="" type="checkbox"/> Other <input type="checkbox"/> Specify: <b>6/30/2007</b></p>																																		
<p>7. Title (<i>10-15 words maximum</i>):</p> <p><b>Free Application for Federal Student Aid (FAFSA)</b></p>																																			
<p>8. Agency form number(s) (<i>if applicable</i>): ED 255</p>																																			
<p>9. Keywords: Student financial aid; Federal aid programs</p>																																			
<p>10. Abstract: Collects identifying and financial information from students applying for Federal student aid for postsecondary education. Used to calculate Expected Family Contribution and determine eligibility for grants and loans, under Title IV of the HEA.</p>																																			
<p>11. Affected public (<i>mark primary with [P] and all others that apply with [X]</i>):</p> <p>a. <input checked="" type="checkbox"/> Individuals or households</p> <p>b. <input type="checkbox"/> Business or other for-profit</p> <p>c. <input type="checkbox"/> Not-for-profit institutions</p> <p>d. <input type="checkbox"/> Farms</p> <p>e. <input type="checkbox"/> Federal Government</p> <p>f. <input type="checkbox"/> State, local or Tribal Gov't, SEAs or LEAs</p>	<p>12. Obligation to respond (<i>Mark primary with [P] and all others that apply with [X]</i>):</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input checked="" type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Number of respondents</td> <td style="text-align: right;">14,867,558</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">17,567,558</td> </tr> <tr> <td>    1. Percentage of these responses collected electronically</td> <td style="text-align: right;">87%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">7,814,016</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">7,598,016</td> </tr> <tr> <td>e. Difference (+/-)</td> <td style="text-align: right;">+216,000</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td>    1. Program change</td> <td style="text-align: right;">+216,000</td> </tr> <tr> <td>    2. Adjustment</td> <td></td> </tr> </table>	a. Number of respondents	14,867,558	b. Total annual responses	17,567,558	1. Percentage of these responses collected electronically	87%	c. Total annual hours requested	7,814,016	d. Current OMB inventory	7,598,016	e. Difference (+/-)	+216,000	f. Explanation of difference		1. Program change	+216,000	2. Adjustment		<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Total annualized capital/startup costs</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>b. Total annual costs (O&amp;M)</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>e. Difference (+/-)</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td>    1. Program change</td> <td></td> </tr> <tr> <td>    2. Adjustment</td> <td></td> </tr> </table>	a. Total annualized capital/startup costs	_____	b. Total annual costs (O&M)	\$0	c. Total annualized cost requested	\$0	d. Current OMB inventory	\$0	e. Difference (+/-)	\$0	f. Explanation of difference		1. Program change		2. Adjustment	
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<p>15. Purpose of information collection (<i>mark primary with [P] and all others that apply with [X]</i>):</p> <p>a. <input checked="" type="checkbox"/> Application for benefits</p> <p>b. <input type="checkbox"/> Program evaluation</p> <p>c. <input checked="" type="checkbox"/> General purpose statistics</p> <p>d. <input type="checkbox"/> Audit</p> <p>e. <input type="checkbox"/> Program planning or management</p> <p>f. <input type="checkbox"/> Research</p> <p>g. <input type="checkbox"/> Regulatory or compliance</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>):</p> <p>a. <input type="checkbox"/> Recordkeeping</p> <p>b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>1. <input type="checkbox"/> On occasion</td> <td>2. <input type="checkbox"/> Weekly</td> <td>3. <input type="checkbox"/> Monthly</td> </tr> <tr> <td>4. <input type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/> Semi-annually</td> <td>6. <input checked="" type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biennially</td> <td>8. <input type="checkbox"/> Other (describe) _____</td> <td></td> </tr> </table>	1. <input type="checkbox"/> On occasion	2. <input type="checkbox"/> Weekly	3. <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Quarterly	5. <input type="checkbox"/> Semi-annually	6. <input checked="" type="checkbox"/> Annually	7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (describe) _____																										
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<p>17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>):</p> <p>Name: Adam Essex</p> <p>Phone No.: (202) 377-3515</p> <p>Fax No.: (202) 275-0064</p>																																		
<p>19. Regulatory information (<i>information provided in this block will be used to improve the processing of the information collection</i>):</p> <p>a. Does this collection contain a proposed regulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, check item that applies: <input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other _____</p> <p>b. List all Paperwork Reduction Act sections that apply to this collection: _____</p>																																			

